

# Effect of Child-to-Child Approach Practices of Primary School Children Regarding Epileptic Seizures First Aids

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## Abstract

**Background:** Many studies showed that epileptic seizures occur more commonly in childhood stage. Most children epileptic seizures occur, during the school day. During this seizure, the child requires immediate first aid for an epileptic seizure. **Aim:** The study aimed to evaluate the effect of Child-to-Child Approach of Primary School Children Regarding Epileptic Seizures First Aids. **Design:** A quasi – experimental design (one group pre and posttest) was used in this study. **Setting:** This study was conducted at six governmental primary schools at Ismailia city. **Sample:** A multi-stage random sample was used in this study, the total number of children was 180 (both male & female) divided into two groups. Trained children group (12 child) and intervention group (168 child). **Tools:** Two tools were used. **First tool:** Interviewing questionnaire was developed by the researcher and included three parts: Socio demographic data, knowledge about epileptic seizure and its first aid measures, Students' attitudes toward epileptic seizures. **Second tool:** Practical Checklist: it was used to assess the practice of student's in relation of first aids of epileptic seizures based on the **Camfield et al., (2019)**.

**The Results:** Showed that there were statistically significant increases in mean scores of knowledge of studying sample about epileptic seizure. And showed that there were highly statistically significant increases in mean scores of practices. The results showed that there were statistically significant increases in mean scores of positive attitudes as well as the total score.

**Conclusion:** The knowledge, practice, and attitude of primary school children about first aid of epileptic seizure were improved post implementation of the program compared to pre implementation of the program.

**Recommendation:** Continuous Child-to-Child Approach for Primary School Children about first aid of epileptic seizure.

**Keywords:** Epilepsy, First aid, primary school children, Child to Child (CtC) approach.

## Introduction

Children during their primary education are initial stage of learning process will take up all the new things in the way of fast track<sup>1</sup>. So, if they express any purposeful messages, the people especially their parents

and relatives never neglect them instead, accept them and of their full aspirations of speech.<sup>2</sup>

Children at this stage are provided with new knowledge, skills and information in order to make the growing buds to spread health-related messages to the community in preventing many health problems<sup>3</sup>. There are different effectiveness types of educational programs was implemented to engaged children during this stage to improve knowledge of toward some health problems such as child to child approach<sup>4</sup>.

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Child to Child (CtC) is an approach in which

children rely on their knowledge of health problems and motivate them to participate in the community through training them in various activities to prevent diseases and instill healthy habits, which leads to the promotion of health and community development led by children<sup>5</sup>.

Even though we take more actions to maintain health in schools, some health problems are still prominent, such as infectious and nutritional diseases, accidents, poisoning, etc. In addition, many children experience seizures during the school day because of developing epilepsy<sup>6</sup>.

Epilepsy is a neurological condition that affects the brain and nervous system, in which a person develops seizures that start from the brain that contains millions of neurons that use electrical signals to control various body functions, but when these functions are impaired, they cause an epileptic seizure<sup>7</sup>.

Most children epileptic seizures occur, during the school day. The child in epileptic seizure suddenly falls with unconsciousness, his body hardens, and vibrations cause him to lose control of himself. During this seizure, the child requires immediate first aid for an epileptic seizure<sup>8</sup>.

The school authorities lacked knowledge how to deal with child during epileptic seizures<sup>6</sup>. During picnic and educational tour, children are exposed to life threatening emergencies from epileptic seizure. Immediate first aid measures to be given to prevent complications and save the life of the children and adult, children also must have enough knowledge about emergency measures to be taken in emergency<sup>9</sup>.

Health education to primary school children is the most effective way to improve knowledge about epilepsy and low level of epilepsy-related social isolation and educational performance<sup>1</sup>. Children in primary education stage are more accepted changes in ideas related to health problems, because the child in this wishes to be successful in order to obtain information to communicate to his family and his friends, which leads to the subsequent promotion of children to health and prevention of diseases<sup>10</sup>. Numerous studies have proven that schools are the most appropriate places for proper education in first aid<sup>11</sup>.

**Significance of the problem:** Globally, 50 million of people in different age stages suffering from epilepsy and most of them in developing countries as about 4.7

million epilepsy cases are in the Eastern Mediterranean Region<sup>7</sup>. The prevalence of epilepsy in Kingdom of Saudi Arabia was about 7 cases out of 1000 children while the prevalence of epilepsy in Egypt was 6.98/1,000<sup>12</sup>.

Children aged 7-12 are an ideal target group for an epilepsy educational program through child to child approach. At this age they are learning to think logically about happenings around them and they are becoming aware of other people's perspectives. Based on this and results from afore mention studies<sup>13</sup>.

**Aim of the study:** The study aimed to evaluate the effect of Child-to-Child Approach of Primary School Children Regarding Epileptic Seizures First Aids through:

1. Assessing knowledge, practice, and attitude of primary school children about epileptic seizure and its first aid.
2. Implementation and evaluating child to child approach for primary school children about epileptic seizure first aid.

#### **Hypotheses:**

**To fulfill the aim of the study, the following hypotheses were formulated:**

**H1:** Child to child approach will improve knowledge and practice regarding epileptic seizure first aids management among primary school children

**H2:** Child to child approach will reduce negative attitudes toward epileptic seizure first aids management among primary school children

#### II. Subjects and Method:

##### **1. Technical design:**

**Study Design:** A Quasi-experimental design (one group pre and posttest) was utilized to conduct the current study.

**Study Setting:** This study was conducted at six governmental primary schools at Ismailia city (North Ismailia administration); that named as following: (Atef Barakat, Omar Ibn El-Khatib, Garden City, and Al-Nahda, Al-sheikh Zayed, and Al Salaam)

**Sampling:** A multi-stage random sample was used in this study, according to the following stages:

**First Stage:** The total number of governmental primary schools in North Ismailia educational administration at Ismailia city is sixty eight, six schools were chosen randomly for the conduction of the study, Atef Barakat, Omar Ben El-Khatab, Al-Nahda and Garden City, Al-sheikh Zayed and Al Salaam.

**Second Stage:** One class from sixth grade was selected randomly from each school.

**Third Stage:** All school children in the selected classrooms weretaken; total classes included in the study were six classes. Each class was contained 30 to 40 children. The total number of children were 180 (both male & female) divided into two groups:

**Group I:** Peer review group (trained children) for training by researchers to apply child to child approach with the following inclusion criteria: Both genders, their aged ranged between 11-13 years, high score in pretest assessment and the verbal consent weretaken from children and their parents to participate in the study.

**Group II:** Intervention group will be provided intervention by peer review group and post evaluation to determinethe effect of child to child approach on knowledge and practices regarding epileptic seizure first aid.

**Tools for data collection:**

**Tool (I): interviewing Questionnaire:** An interview questionnaire was designed by the researchers to collect the required data after reviewing related literature. It was written in simple Arabic language and it consisted of three parts.

**Part I: (Socio-demographic data):** Covered the studied children’s socio-demographic characteristics, such as: Age, gender, parent’s education, parent’s occupation, and school grade.

**Part (II):** Entails questions about children’s knowledge about epileptic seizure and its first aid measures it included meaning, symptoms, onset age of epilepsy, and prevention, and aim epileptic seizure first aids based on Minicucci et al<sup>[14]</sup>.

**Part (III):** Students’ attitudes toward epileptic seizures to assess students’ attitudes about first aids epileptic seizures. It included the best action to take when see some students in the class when your colleague at the school is suffering from an epileptic fits.

**Scoring system for knowledge:** Knowledge obtained from the children was checked with a model key answer. A correct answer was scored one, and an incorrect answer was scored zero. For each area of knowledge, the scored elements were summed up. The total score of knowledge was (15) points. The student’s score less than 50% was considered poor. <50% was considered poor, 50-< 75% was considered fair and >75% was considered good.

**Scoring system for attitude:** The total scores of all questions categorized into two levels as follow: Agree for positive direction answer was scored one, and disagree for negative direction answer was scored zero. Total positive direction seven statements and negative direction five statement.

**Second tool practical check list:** Entails questions about children’s practices about epileptic seizure, filled in by the researchers, it was used to assess children practices regarding epileptic seizure to assess students’ assess the practice of student’s in relation of first aids of epileptic seizures based on the **Camfield et al<sup>15</sup>** and included the following nine steps. 1) Stay calm - remain with the person during time the seizure. 2) Protect from injury - remove any hard objects from the area. 3) Protect head place something soft under their head and 4) loosen any tight clothing. 5) Gently roll the person on their side as soon as it is possible to do so and firmly push the angle of the jaw forward to assist with breathing. A person cannot ‘swallow their tongue’ but the tongue can move back to cause a serious block to breathing. 6) Stay with the person until the seizure ends naturally and 7) calmly talk to the person until the regain consciousness, usually within a few minutes. 8) Reassure the person that they are safe and will stay with them while they recover. 9) Requesting ambulance if the seizure lasts more than five minutes.

**Scoring system for practice:** Scoring system: done step was scored one and not done step was scored zero. The total scored of first aids epileptic seizure was (16) point. The student’s score 50% or more was considered satisfied and less than 50% unsatisfied poor.

**Operational Design:**

**A. Preparatory Phase:** It included reviewing of literature, different studies and theoretical knowledge related to epileptic seizure and its first aid using books, articles, internet, periodicals and magazines.

**B. Content Validity:** The study tools were presented to five experts specialized in the field of community health nursing, to ensure the suitability of the tools chosen to carry out the study and achieving its goal.

**C. Reliability:** All tools used in the present study showed good to very good reliability as follows: was done by applying the questionnaire to ten students using test-retest and Pearson Coefficient Factor was 90.8%. The scale was applied on them and retested after 2 weeks. The degree of Spearman's rank Correlation coefficient test was (0.82).

**D. Pilot Study:** The pilot study was applied on twenty-one children excluded from study sample to test the clarity and arrangement of the items and time needed for each sheet. The final form was achieved through rearrangement, and modification of the tools' item based on the findings of the pilot study. Some questions and items were omitted, added, or rephrased, and then the final form was developed.

**F. Field Work:**

- The study was conducted over a period of 6 months started from 15th of October 2018 to 15th of April 2019, where the researchers were available in the study setting three times/week from 9.00 a.m. to 12.00 mid-day. The researchers started by introducing themselves to the studied children and a verbal consent was obtained from each child studied and their parents.
- The studied children were fully informed about the aim of the study prior to the completion of questionnaire in convenient time, which was not interfering with their class schedule.

**Application of child to child approach through four steps:**

**Assessment Phase:**

- During first month from study distributed pretest for children under study from selected schools. The researchers interviewed with children separately, and the answers were marked by the researchers, about 20 minutes was needed to complete the questionnaire.
- Analysis pretest results and select two children with satisfactory scores in pretest from selected schools. Demonstrate names of selected children on their teachers to take opinions and approval

**Planning Phase:**

- Determine the topics, which were organized according to priority of selected children needs among the study participants. The content included meaning of epileptic seizure, why do children get epilepsy, and its first aid measures.
- Design teaching material and booklet with Arabic simple sentences and colorful pictures regarding first aid for epileptic seizures. This booklet containing systematically organized information about epileptic seizure and its first aid measures to cover the child's deficit in knowledge and practices.
- Establishing a schedule for training the selected children in each school and giving training sessions two times per week during the school activity hour, and the session period is 45 minutes. Total numbers of sessions for each child eight sessions.

**Implementation Phase:**

- Researchers provided training sessions to trained children on first aid procedures for epileptic seizures using PowerPoint lectures, animated videos, and role-plays. Researchers use the feedback method to make sure trained children understand.
- The trained children's knowledge and practices were assessed by making them to do rehearsal to the researchers and the same questionnaire was given to determine their adequate level of knowledge and practices on the next day. If the knowledge was average or poor and the practice score inadequate, then the trained children were encouraged to do the rehearsal again, under the supervision of the researchers, until the knowledge and practice scores were good and adequate.
- Trained children start to be training another group of children (163) were divided into 6 groups and each group consisted of 15 - 20 children under supervision the researchers.
- Trained children distribute booklet to each child in first session and used power point lecture and role play as teaching method under supervision the researchers. The researchers take feedback from children after every session.
- Posttest was done next day after finished training sessions by same questionnaire.

**Evaluation Phase:** It involved a post-test done, using the same formats of the pre-test to determine change

in knowledge level and practice regarding epileptic seizures

**3. Administrative Design:** The current study was conducted after obtaining the approval of the educational administration after clarifying the purpose of the study. The principals of the selected schools are notified of the approval of the educational department to collect data, goal and expected results of the study are clearly explained.

**Ethical Consideration:** Approval of the Educational Administration in North Ismailia to applied the study in their primary schools. Children and their parents 'consent to participate in the study orally. Participants confirmed the information from them will be treated confidentially It is used for research purpose only. Participants' Anonymity, confidentiality, privacy, safety, and protection it is secured. The intervention had no adverse effect on the participants. The studied children were informed about their rights to refuse or withdraw at any time without give no reasons and without consequences.

**4. Statistical Design:** Data were fed to the computer and analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp) Qualitative data were described using number and percent Quantitative data were described using range

(minimum and maximum), mean, and standard deviation. The significance of the obtained results was judged at the 5% level. The used tests were 1 ANOVA with repeated measures: For normally distributed quantitative variables, to compare between more than two periods or stages 2 Friedman test: For abnormally distributed quantitative variables, to compare between more than two periods or stages.

### Results

**Socio Demographic characteristics:** The current study was 45.8% boys and 54.2% girls. Mean age was 12.93±0.83. Only 7.4% of children resident in rural area. As regards father's education level 60% had secondary education, and 51.21% were workers. Regarding mother's education level, 57.56% had secondary education and 63.90% were working, while 20.2% were housewives' mothers. The study showed also only 20.20% of studied children taken first aids training.

**Knowledge and practices regarding epileptic seizure first aids among peer children:** from the present it is observed that, improvement in the total knowledge and practices of studied children regarding epileptic seizure first aid after application of CtC approach compared to before implementation.

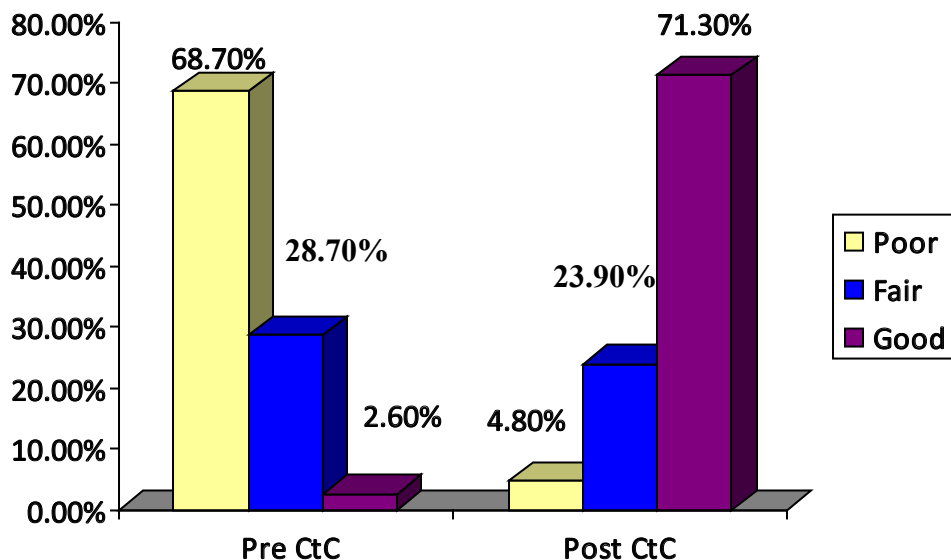


Figure (1) Distribution of knowledge regarding epileptic seizure among peer children.

**Knowledge of the studied children regarding epileptic seizure:**from present study observed that there was statistically significant different ( $p \leq 0.01$ )

improvement in the mean score of knowledge regarding epileptic seizure among studied children after application of child to child approach.

**Table (1): Statistical Difference between knowledge scores before and after application of child to child approach (n=168).**

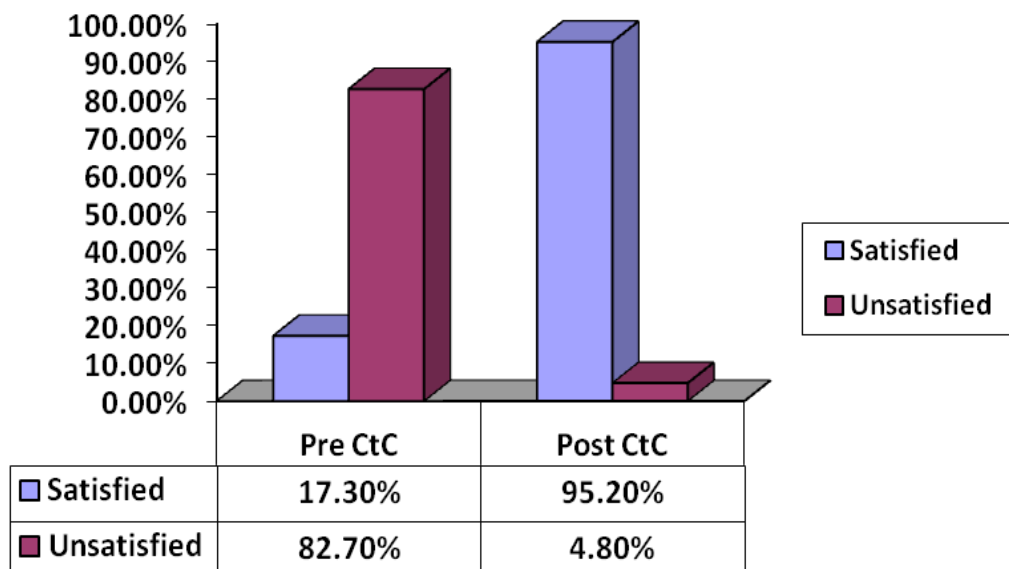
	Before application		After application		t-test	p-value
	Mean	SD	Mean	SD		
Meaning of epileptic seizure	62.26	15.41	64.34	12.00	6.35	0.00000
Why do children get epilepsy?	48.74	18.35	51.82	17.94	7.86	0.00000
How do we know that he has epilepsy seizure?	4.29	21.39	28.25	25.64	2.40	0.01728
How is epilepsy cured	-20.84	23.21	1.85	26.26	12.21	0.00000

**Epileptic seizure first aids practices among studied children:** Study reveals the results of difference between practice scores before and after application of

the child to child approach. The results showed that there were statistically significant increases in mean scores of all items as well as the total score.

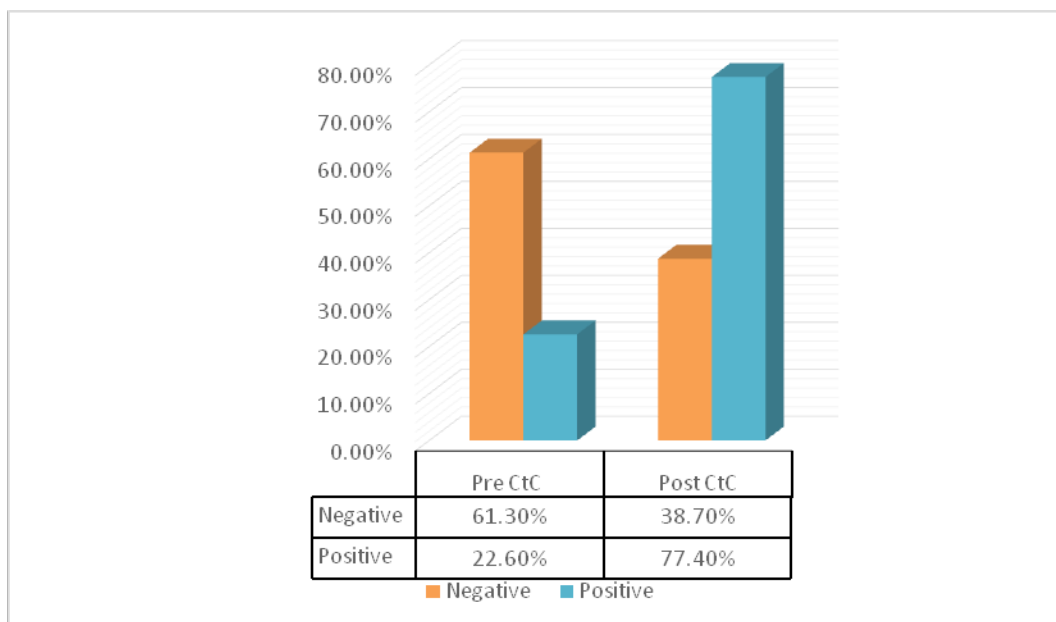
**Table (2): Statistical difference between epileptic seizure first aids practice scores before and after application of child to child approach (n=168).**

Items	Before application		After application		t-test	P
	M	SD	M	SD		
Stay calm - remain with the person during time the seizure	18.45	8.25	82.81	9.09	6.17	0.0000
Protect from injury - remove any hard objects from the area	23.8	15.02	74.88	13.99	8.71	0.0000
Protect head place something soft under their head and	29.17	7.97	57.42	24.22	5.23	0.0000
loosen any tight clothing	52.61	15.48	54.45	18.89	22.7	0.0000
Gently roll the person on their side	28.82	15.30	40.96	16.36	-8.50	0.0000
Stay with the person until the seizure ends naturally	40.54	12.00	36.71	15.44	13.75	0.0000
calmly talk to the person until the regain consciousness, usually within a few minutes	36.58	14.51	74.83	8.39	12.21	0.0000
Reassure the person that they are safe and that you will stay with them while they recover	33.09	9.46	63.31	13.18	15.73	0.0000
Requesting ambulance if the seizure lasts more than five minutes	38.02	25.21	67.22	9.24	-17.41	0.0000



**Figure (2)** Describes that the practices epileptic seizures first aids before and after child to child approach, in which 82.7% of the students have unsatisfied practices epileptic seizures first aids before the CtC approach and the rate increased to 95.2% after application it.

**Attitude of the studied children regarding epileptic seizure:** the present study reveals the results of change between attitude scores before and after application of the child to child approach.



**Figure 3:** Total score of attitudes regarding epileptic seizures first aids among studied children before and after application of child to child approach (n=168).

### Discussion

The epileptic seizure appears in the age group from 8 to 12 years, and since the primary education stage represents one fifth of the population in most of the world. An epileptic seizure exposes the child to risks during the seizure, along with the stigma and shame

of other children due to lack Knowledge and delay in first aid during a seizure. Child to child approach has the potential effect to bring visible improvement in health and education among the children and it helps in enhancing children participation. Therefore, the aim of the current study was to measure the effect of child-to-

child educational method approach regarding epileptic seizures first aid measures among primary school children.

The study results revealed that slightly more than half of the children were in the age group of 12- 13 years. This result agreed with Elewa & Saad [10] who in apply child to child approach regarding first aids in Egyptian primary schools' children, said that most of the students under study were 11-12 years of age.

Regarding to gender, the present study result shows that more than half of studied children were girls and most of them had never previous first aids training. These results are in the same direction with those of Dasgupta et al<sup>16</sup> who stated that most of study sample were females and most of students had never been exposed to any first aid training before the study was undertaken. These results were in disagreement with those of Abd el Ghany et al<sup>17</sup> who carrying out a study in Suez Canal, Governorate, Egypt; they reported that more than three quarter of the studied students had information and training about first aid.

The current study in which peer children were selected based on their level of knowledge of the pre-test and their level of knowledge and practices was less than one-tenth with regard to knowledge about the meaning, purpose, and first aid of an epileptic seizure. After the peer children received training educational sessions by researchers, the level of knowledge of the peer children improved to a satisfactory degree. This result was in the same line with that of Farokhmanesh et al<sup>18</sup> when studied application child to child in Iran who reported that selected peer children according to knowledge level in pretest. This is It may be attributed that most children think so first help can only be provided by doctors, health workers and not a commoner. Additionally, there was no educational program or any intervention about first aid in school or included in the school curriculum.

The current study, after application child to child approach, showed an improvement in more than three quarters of the children under the study sample in their knowledge about epileptic seizures. In addition, there were

Statistically significant improvements in children's knowledge before and after child to child application in total knowledge. Farokhmanesh et al., (2018) when studied in Iran who indicated improvement in knowledge level about nutrition among middle school students after

applying the child-to-child method. The current study result was also supported by Elewa and Saad<sup>10</sup> when applied child to child approach in elementary schools at Egypt, who found that there was a significant improvement in knowledge about various first aids during implementation phase. This may be related to the effect of child to child approach as a dynamic method that encourages learning by using activity and entertainment between children. In addition, the children are equipped with new knowledge, and skills that increase health and prevent many health problems.

Regarding to the practice of studied children about epileptic seizure first aids, there were statistically significant improvements in the total scores of practices related to epileptic seizure first aids after application of child to child approach educational method. This result was consistent with Teklehaimanot et al<sup>19</sup> who carried out a study in Ethiopia and found that improvement in students practices who received educational material about epileptic seizure first aid. In addition, Mohammed 2018 in Ahmedabad city in Iran when applied training program regarding first aids among secondary schools' students reported that there was a highly statistically significant improvement in the mean score of total practice throughout his study. In addition, Abd El-Hay et al<sup>20</sup> in Tanta City (East & West), Elgharbia Governorate, reported that there was a highly statistically significant improvement in the mean score of total practice throughout his study. This may be attributed to an increase in knowledge among the studied children after training which led to improve their practices. Primary school students are more likely to accept epileptic seizure first aid. Training than older students, and they are motivated to learn and do so quickly and easily. Also, children during early stages of development and initial stage of learning process will take up all the new things in the way of fast track.

Hence the research hypothesis (H1) which stated that child to child approach will improve knowledge and practice regarding epileptic seizure first aids management among primary school children.

The present study revealed that there were reduce negative attitude regarding epileptic seizure after applied child to child approached. This result was consistent with that Bozkaya et al<sup>21</sup> who carried out a study in Ankara and found that increase positive attitude toward epileptic seizure among primary school children after application health education program. In addition, Brabcova et al<sup>22</sup>

when studied effect of educational video on reduce stigma of epileptic seizure in several primary school in Czech Republic reported that reduce stigma regarding epileptic seizure after implementation educational video. Moreover, children may be much more familiar with TV media, drama and may therefore find it a more acceptable approach.

### Conclusion

In the light of the study findings, it can be concluded that utilization of child to child approach succeeded in achieving significant improvements in the primary school children's knowledge and practices regarding epileptic seizure first aid measures. Also, there were reducing negative attitude regarding epileptic seizure first aids.

**Conflict and Interest:** Nil

**Source of Funding:** Self-funding and no external funding.

**Ethical Clearance:** Obtained clearance from research ethical committee in Faculty of Nursing, Suez Canal university number 86.

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