



Perception of epilepsy among public workers: Perspectives from a developing country

O.S. Ekenze ^{a,*}, A.C. Ndukuba ^b

^a Department of Medicine, University of Nigeria Teaching Hospital, Enugu, Nigeria

^b Department of Psychological Medicine, University of Nigeria Teaching Hospital, Enugu, Nigeria

ARTICLE INFO

Article history:

Received 25 August 2012

Revised 26 October 2012

Accepted 28 October 2012

Available online 12 December 2012

Keywords:

Epilepsy

Perception

Developing country

ABSTRACT

A cross-sectional survey of health-care workers and other public servants was undertaken to determine the perception of epilepsy and attitudes towards persons with epilepsy (PWE) in Eastern Nigeria. Response rate was 89.4% (161/180) comprising 95 (59%) health-care workers (Group A) and 66 (41%) other public servants (Group B). Epilepsy was considered a mental disorder by 16 (16.8%) of Group A and 16 (24.2%) of Group B, while 74 (77.9%) of Group A and 20 (30.3%) of Group B considered it a brain disorder. It was thought to occur following head injury by 60 (63.2%) of Group A and 11 (16.7%) of Group B, while 6 (6.3%) of Group A and 1 (1.5%) of Group B considered it to be contagious. Twelve (12.6%) and 33 (34.7%) of Group A and 8 (12.1%) and 27 (40.9%) of Group B will marry or hire PWE. Health-care workers have better perceptions of epilepsy, but stigma against PWE is still prevalent. Perception of epilepsy and attitudes towards PWE may improve with public enlightenment programs.

© 2012 Elsevier Inc. All rights reserved.

1. Introduction

Epilepsy affects over 50 million people worldwide accounting for most of the outpatient visit to the neurology clinic [1]. Its prevalence ranges from 2.8 to 19.5 per 1000 people [2,3] with the majority of cases occurring in developing countries. Though epilepsy is a common disease, it is reported to be associated with significant social discrimination [4] and stigmatization as a result of misconceptions, limited knowledge, and poor public awareness about the disease [5,6]. The common false beliefs are related to mental retardation, insanity, evil spirit possession, and epilepsy being contagious [7–9]. These myths and prejudice that have surrounded epilepsy have persisted for thousands of years and are major factors that compel people with the disorder to hide the disease [1,8–10]. Most of the negative attitudes documented in people with epilepsy are in relation to marriage, job employment, education, and social acceptance [11–14]; hence, the person with epilepsy is most likely to drop out of school, lose his or her job, and find it difficult to make friends.

Predictors of stigma have been documented to be age, gender, and level of education [15]. In developing countries, however, other factors including the socio-cultural dynamics may come into play. Critical evaluation of the factors that influence perceptions and attitudes to epilepsy may be imperative in developing feasible initiatives to reduce stigmatization and social maladjustments. There is a paucity of data on attitudes

towards PWE among health-care workers and public servants in developing countries, hence we performed our study which assessed the perception of epilepsy and attitude towards PWE among these groups in south-east Nigeria.

2. Materials and methods

Enugu is the administrative capital of the south-east region of Nigeria. The University of Nigeria Teaching Hospital is a tertiary referral center for neurological cases serving the south-east, parts of south-south, and north-central regions of Nigeria with an estimated population of 28 million persons [16].

In order to assess the perceptions of epilepsy, health-care workers (comprising pharmacists, nurses, physiotherapists, laboratory scientists, and medical orderlies) in the University of Nigeria Teaching Hospital, Enugu and other public servants who were matched for age, gender, and level of education were surveyed using a validated questionnaire (Appendix A). Prior to commencement of the study, ethical approval was obtained from the research and ethics committee of the hospital. The survey was administered hand to hand to the individuals. Before completing the survey, the respondents received a separate note detailing the voluntary nature of participation, the study procedure, risks, and confidentiality with regard to the information in the survey. Those who consented proceeded with the survey. Completed questionnaires were collected back the following day.

Relatives of people with epilepsy (PWE) and medical doctors were excluded from the study.

The authors explored 3 domains in the survey: 1) demographics, 2) perception of the disorder among the participants, 3) attitudes

* Corresponding author at: Department of Medicine, University of Nigeria Teaching Hospital, Enugu 400001, Nigeria.

E-mail address: ekenze2001@yahoo.com (O.S. Ekenze).

Table 1
Demographic characteristics of study participants.

Demographic characteristics	Group A (health-care workers) N=95	Group B (other public servants) N=66	p value*
Gender	Male 43 Female 52	31 35	0.957
Level of education			
University	91	57	0.062
Secondary	4	9	
Marital status			
Married	56	45	0.304
Single	39	21	

* Chi-square, level of significance is p value < 0.05.

Table 2
Showing the perceptions of epilepsy among health-care workers and public servants.

Item	Response		p value ^f
	Group A (health-care workers) N=95	Group B (other public servants) N=66	
Epilepsy may occur following head injury	60 (63.2%)	11 (16.7%)	0.000*
Epilepsy is a brain disorder	74 (77.9%)	20 (30.3%)	0.000*
Epilepsy can arise from birth injury	66 (80%)	19 (28.8%)	0.000*
Epilepsy is caused by evil spirit	8 (8.4%)	2 (3%)	0.288
Epilepsy is contagious	6 (6.3%)	1 (1.5%)	0.281
Epilepsy is mental retardation	16 (16.8%)	16 (24.2%)	0.338
Society discriminates against PWE	83 (87.3%)	49 (74.2%)	0.054
Epilepsy is a hindrance to a happy life	71 (74.7%)	45 (68.2%)	0.463
PWE can achieve academic education	93 (97.9%)	60 (90.9%)	0.101
PWE can be useful in the society	89 (93.7%)	58 (87.9%)	0.316

^f Chi-square analysis, level of significance p < 0.05.

* Significant.

towards people with epilepsy. In the section on perception of the disorder, the authors evaluated the knowledge of the respondents on the causes and effects of epilepsy with a 3-point response of “yes”, “no”, and “don't know”. The attitude to the disease was assessed with multiple choice questions that explored the respondent's personal reactions to a person with the disease.

Statistical Package for Social Sciences (SPSS Inc., Chicago 17.0 version) was used for data entry, validation, and analysis. Results were expressed as percentages, median (range), or mean \pm standard deviation. Data were analyzed by Chi-square test or Fisher's exact test as appropriate. In all, critical p value of < 0.05 was regarded as significant, and conclusions were drawn based on this level of significance.

3. Results

A total of 161 out of 180 people surveyed responded (89.4% response rate). Of this, 95 (59%) were health-care workers (Group A), and 66 (41%) were the other public servants (Group B). Overall, 74/161 (43 of Group A and 31 of Group B) were males and 87/161 (52 of Group A and 35 of Group B) were females (p = 0.957). Their mean age

was 33.9 years \pm 8.0 (range 22–64 years). There were 101 married participants (56 of Group A and 45 of Group B), and 60 participants were single comprising 21 of Group A and 39 of Group B. A total of 148 (91.9%) had university education (91 of Group A and 57 of Group B), while 13 (8.1%) participants had highest educational level in secondary school (4 of Group A and 9 of Group B) (p = 0.062). This is illustrated in Table 1.

3.1. Perceptions of epilepsy

Seventy-four (77.9%) of Group A and twenty (30.3%) of Group B accepted that epilepsy is a brain disorder, while epilepsy was seen as a contagious disease by 6 (6.3%) of Group A and 1 (1.5%) of Group B. Eighteen (18.1%) of Group A and one (1.5%) of Group B believed that the disorder could result from alcohol or drug abuse. On the other hand, 81 (85.3%) of Group A and 51 (77.3%) of Group B deemed that PWE should not be isolated from the general public, while 93 (97.9%) of Group A and 60 (90.9%) of Group B thought that PWE can attain academic education. This is illustrated in Table 2. In all these perceptions, level of education did not affect the perception of epilepsy (Table 3).

3.2. Attitudes towards people with epilepsy

Thirteen (13.7%) of Group A and four (4.6%) of Group B would freely disclose their diagnosis of epilepsy, while 12 (12.6%) of Group A and 8 (12.1%) of Group B would marry someone with epilepsy. Also, only 33 (34.7%) of Group A and 27 (40.9%) of Group B will easily offer employment to PWE. In addition, 62 (65.3%) of Group A and 57 (86.4%) of Group B will not change their attitudes towards an acquaintance with a recent diagnosis of epilepsy. On the other hand, 81 (85.3%) of Group of A and 28 (42.4%) of Group B deemed that PWE should not drive, while 74 (77.9%) of Group A and 25 (37.9%) of Group B thought that PWE should not be fire fighters, and 62 (65.3%) of Group A and 18 (27.3%) of Group B reckoned that PWE should not be employed as factory workers. This is further illustrated in Table 4.

4. Discussion

This study shows a high response rate by the participants, a realistic perception of epilepsy, and a considerable stigma towards PWE in our setting.

The response rate of 89.4% from the participants in the present report is higher than 54%–69% [6,17] previously reported in developed and other developing countries. The reason for such high response rate in our setting may not be adduced from this study, but such factors as curiosity and our socio-cultural inclinations may play a role.

Overall, the respondents in our study displayed a realistic perception of epilepsy in terms of the etiology and effects of the disorder. However, when the responses are critically analyzed, a number of deficiencies become apparent. Understandably, the health-care workers were more knowledgeable on the causes of epilepsy than the other public servants,

Table 3
Level of education of participants and their perceptions of epilepsy.

Question	Correct response	Number (%) of correct responses		Chi-square (df = 1)	p value ^a
		University degree (n = 148)	Secondary school leaver (n = 13)		
Epilepsy is a brain disorder	True	90 (60.8%)	4 (30.8%)	3.29	0.069
Epilepsy is contagious	False	7 (4.7%)	2 (15.4%)	0.95	0.156
Epilepsy is caused by evil spirit	False	10 (6.8%)	2 (15.4%)	0.34	0.250
Epilepsy may occur following drug abuse	True	19 (12.8%)	2 (15.4%)	0.03	0.528
Epilepsy may occur following head injury	True	67 (45.3%)	5 (38.5%)	0.03	0.855
PWE can achieve academic education	True	142 (95.9%)	11 (84.6%)	1.29	0.127
PWE can be useful in the society	True	138 (93.2%)	11 (84.6%)	0.34	0.250

^a Level of significance p < 0.05.

Download English Version:

<https://daneshyari.com/en/article/6013586>

Download Persian Version:

<https://daneshyari.com/article/6013586>

[Daneshyari.com](https://daneshyari.com)