



Evaluation of knowledge about epilepsy and attitudes towards patients with epilepsy among university students in Upper Egypt



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ABSTRACT

Purpose: Epilepsy is a major public health problem worldwide. There are many misconceptions about people's knowledge and attitudes about epilepsy, which influence people's behavior towards patients with epilepsy.

Methods: We conducted a cross-sectional study in Sohag University, a public Egyptian University, in Upper Egypt. We used an Arabic language designed questionnaire to assess people's knowledge about epilepsy and their attitudes towards patients with epilepsy. We included a total of 920 students in the study.

Results: 12.4% of study respondents had never heard of or read about epilepsy. Moreover, there was much misunderstanding about the etiology of epilepsy, as 68.2% of epileptic and 74.5% of nonepileptic respondents believe epilepsy is caused by evil spirits and evil eyes or due to psychiatric disorders. There were also many people who held negative attitudes towards patients with epilepsy in regards to major life milestones such as marriage and having children. Among nonepileptics, 54.5% believe epileptics should not marry and 49.9% believe they should not have children. Among patients with epilepsy, these percentages are 27.3% and 36.4% respectively.

Conclusions: Knowledge about epilepsy is insufficient and should be increased. The attitudes towards patients with epilepsy are negative and should be changed in Upper Egypt.

1. Introduction

Epilepsy is a common neurological disorder as it affects approximately 1% of population worldwide, especially in developing countries, including Egypt (El-Tallawy et al., 2013; Falavigna et al., 2007; Sander and Shorvon, 1996). The lack of accurate knowledge about epilepsy leads to misconceptions that result in notions that patients with epilepsy suffer from mental illnesses or cognitive disorders which may cause them to lose employment and encounter difficulties finding a life partner (Chung et al., 1995; Young et al., 2002).

A number of studies have reported that the level of knowledge and the attitudes regarding epilepsy vary from one community to another and is dependent on educational level (El-Tallawy et al., 2013; Falavigna et al., 2007; Fonseca et al., 2004; Hills and MacKenzie, 2002; Jensen and Dam, 1992; Kobau and Price, 2003; Njamnshi et al., 2009; Pandian et al., 2006; Shehata and Mahran, 2011). Knowledge about epilepsy is not wide-spread in developed countries (Kobau and Price, 2003) and in developing countries this knowledge gap appears to be even worse. Many studies described a lack of awareness and unavailable information about epilepsy as a disease, as well as negative

attitudes towards the patients with epilepsy themselves. A lack of knowledge about the causes, incidence and even the acute management of epileptic emergencies, makes the situation much more serious in those countries (Ndoye et al., 2005; Njamnshi et al., 2009; Radhakrishnan et al., 2000; Shehata and Mahran, 2011; Youssef et al., 2009).

It was reported in the literature that educated individuals have more knowledge about epilepsy and a more informed attitude towards patients with epilepsy. University students represent the highest level of basic education in our community and they have the potential to assume a role model status in the community (Chung et al., 1995; Hills and MacKenzie, 2002; Iivanainen et al., 1980; Jensen and Dam, 1992; Mirmics et al., 2001; Pandian et al., 2006; Santos et al., 1998; Wong and Chung, 2003). Therefore, taking the above-mentioned factors into consideration, we have chosen university students to be the study group in our research.

Despite advances in the diagnosis, classification and management of epilepsy worldwide, little is known about the knowledge and attitudes regarding epilepsy among highly educated people in Upper Egypt due to a lack of studies. Accordingly, the objective of our study is to assess

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the level of knowledge about epilepsy and the attitudes towards patients with epilepsy using a representative sample of students of Sohag University, one of the public universities in the heart of Upper Egypt.

2. Materials and methods

The study protocol was approved by the ethical committee of Sohag University, Egypt, and the necessary permissions to conduct the study were received from the higher authorities of the University. Interviews with university students were conducted to clarify the objective of our study and inform them on how to comply with the study questionnaire. Oral consent was given by the university students who agreed to participate in the study.

2.1. Study design and location

A cross-sectional study was conducted using the students of one of our public universities in Upper Egypt. “Sohag University.” Sohag is a city in Egypt that lies on the west bank of the Nile. It is situated in the heart of Upper Egypt approximately 471 kilometers south of Cairo.

2.2. Study participants

We included 920 university students from various faculties including the faculties of science, arts, commerce, agriculture, and engineering. We excluded the faculty of medicine because medical students would be unsuitable for a questionnaire about a medical disease. However, while medical students are supposed to have sufficient knowledge about epilepsy, it was found that general knowledge about epilepsy among senior medical students was low (Souza et al., 2018). Accordingly, we are planning a separate study that will include medical students from multiple universities. We sampled the students using a systematic random sampling method. Senior students from each faculty were included in the sampling and each faculty was visited on a separate date. A thirteen-item Arabic language questionnaire was used in the study. It was a self-administered questionnaire to prevent participants from being influenced by the attitudes of the researchers or being provided hints by the person administering the questionnaires (Al-Rashed et al., 2009). Most of the items on the questionnaire were quoted from a validated questionnaire used previously (Shehata and Mahran, 2011; Young et al., 2002). More questions were added to our questionnaire in order to study our community’s beliefs regarding epilepsy. The questionnaire was explained to the students with the help of the participating authors and two well-trained psychologists. Students were instructed not to discuss the items on the questionnaire with their colleagues or any others, apart from members of the research team. The study participants were classified into two groups; nonepileptic students (n = 898) and epileptic students (n = 22) who were diagnosed on the basis of detailed medical histories, EEGs, imaging results and an assessment by a senior neurologist.

2.3. Study questionnaire

A standardized Arabic language questionnaire was used and its items were adopted from previously published studies that addressed the same research questions (Ab Rahman, 2005; Al-Rashed et al., 2009; Shehata and Mahran, 2011). The study questionnaire was divided into 3 parts: socio-demographic data, knowledge about epilepsy, and attitudes and practice data. The socio-economic section included data about age, sex, grade, and faculty of each student. This was followed by a preliminary, general question about the disease: have you ever heard about or read about epilepsy? The next section addressed two important questions about the study participant’s knowledge of epilepsy including questions about the etiology and the methods for diagnosing epilepsy. The last section included eight questions about the attitudes and practices held about patients with epilepsy, which the study participant

answered with a yes, no, or I do not know. The study questionnaire is presented in Appendix A.

2.4. Statistical analysis

All data were presented as the mean ± SD for numerical data and percentages for categorical data. Student T-tests and Chi-square tests were used for statistical analyses. SPSS version 16 was used for statistical calculations. A P-value was considered significant if it was < 0.05.

3. Results

3.1. Demographic data of the sample students

We analyzed a total of 920 (87.6%) questionnaires out of 1050 questionnaires distributed among students (2.6% of all university students excluding medical students). Students who had not heard or read about epilepsy before (130 students, 12.4%) had their questionnaires discarded. The age of the study participants was normally distributed. Twenty-two (2.4%) of them were patients with epilepsy and 898 (97.6%) were nonepileptics with mean ages of 22.68 ± 1.55 and 22.54 ± 1.63, respectively. Twelve (54.5%) of the patients with epilepsy were males and 10 (45.5%) of them were females. In the nonepileptic group, 434 (48.3%) were males and 464 (51.7%) were females. There were no statistically significant differences between the epileptic and nonepileptic groups regarding age and sex (p = .677 and p = .564, respectively).

3.2. Knowledge about epilepsy

Table 1 describes the state of knowledge about epilepsy among the study sample. It was found that the epileptic group knew more about the various methods used for diagnosing epilepsy including diagnosis by a neurologist, and use of EEG and brain imaging methods. These results were statistically significant (p = .013, p < 0.001 and p < 0.001, respectively) as shown in Table 1. However, 62.5% of the nonepileptic group did not know anything about the methods of diagnosing epilepsy when compared to the epileptic patients (p < 0.001). Regarding the etiology of the disease, there was a great deal of misunderstanding, even in the epileptic group. A total of 68.2% of patients with epilepsy related the disease to evil spirits, envy, depression or anxiety. The same situation was observed in the nonepileptic group, as 74.5% of them reported the same factors as causal for the disease (Table 1).

Table 1
Knowledge about epilepsy.

| Question | Epileptic | Non epileptic | Chi square | P value | |
|---|------------------------|---------------|------------|-------------------|-------------------|
| 1.How can epilepsy be diagnosed? | By specialist | 4(18.2%) | 50(5.6%) | 6.184 | 0.013 |
| | By EEG | 5(22.7%) | 16(1.8%) | 42.237 | < 0.001 |
| | By CT Brain | 3(13.6%) | 8(0.9%) | 29.529 | < 0.001 |
| | All of the above | 8(36.4%) | 263(29.3%) | 0.517 | 0.472 |
| I do not know | 2(9.1%) | 561(62.5%) | 25.768 | < 0.001 | |
| 2.Do you think that the cause of epilepsy is | Hereditary | 3(13.6%) | 15(1.7%) | 16.029 | < 0.001 |
| | Evil spirits | 3(13.6%) | 521(58%) | 17.253 | < 0.001 |
| | Evil eyes | 8(36.4%) | 78(8.7%) | 19.412 | < 0.001 |
| | Depression and anxiety | 4(18.2%) | 70(7.8%) | 3.132 | 0.077 |
| | Fever | 0 | 13(1.4%) | 0.323 | 0.570 |
| | Medication | 4(18.2%) | 171(19%) | 0.010 | 0.920 |
| I do not know | 0 | 30(3.3%) | 0.760 | 0.383 | |

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