



Perception of, attitudes toward, and knowledge of epilepsy among teachers and high school and college students in Sicily



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ABSTRACT

The study was aimed at investigating perception of, attitudes toward, and knowledge of epilepsy among college students of the University of Messina in Sicily (Italy), high school students, and teachers from Sicily in order to structure health educational programs to remediate inadequate knowledge and stigma about epilepsy.

Participants in this study consisted of 932 subjects (571 males, 361 females) aged between 13 and 63 years old (M 21.75 ± 8.7): 571 college students aged between 18 and 35 years old (M 21.54 ± 2.59), 62 teachers aged between 38 and 63 years old (M 51.18 ± 6.27), and 299 high school students aged between 13 and 19 years old (M 16.05 ± 1.67).

Measures were two anonymous questionnaires to collect sociodemographic information and to assess knowledge of, attitudes toward, and perception of epilepsy. Analyses were performed with descriptive statistical analysis (mean, standard deviation, frequency counts, and percentages) and Mann–Whitney *U*-test nonparametric for two independent samples.

This study provides general information about psychosocial aspects of epilepsy in Sicily which provides the basis for further studies and the development of interventions to eliminate prejudices against persons with epilepsy and related myths.

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1. Introduction

Epilepsy is a chronic neurological disorder that does not know geographical, racial, or social boundaries. It can begin at any age but is most frequently diagnosed in children, adolescents, and the elderly. Epilepsy is characterized by recurrent seizures that are physical reactions to sudden and excessive electrical discharges in a group of brain cells and that determine loss of control. Epilepsy is typically defined by two or more unprovoked seizures. The seizures can occur at any time, though in some people, they may be precipitated by other events. Epilepsy has many causes: it can be inherited, or it can be caused by brain damage due to causes such as infections or trauma, stroke, brain tumor, or development abnormalities. Sometimes the cause is never known. The constant threat of a sudden unpredictable loss of control has been thought to predispose to psychological problems. Beliefs about the unpredictability of the disease appear to make individuals susceptible to psychopathology [1].

Data from the WHO [2] indicate that there are over 50 million sufferers of epilepsy in the world today of whom 85% live in developing countries. Globally, there are an estimated 2.4 million new cases each year, and at least 50% of these cases begin in childhood or adolescence. Ten percent of the world's population who live a normal lifespan can

expect to have at least one epileptic seizure [3]. The incidence is generally taken to be between 40 and 70 per 100,000 people per year in industrialized countries, with estimates of 100–190 per 100,000 people per year in developing countries. The prevalence is between 5 and 40 per 1000 persons. Epilepsy is especially common in children and in elderly people. The incidence and prevalence of epilepsy may vary widely according to different causes. Parasitic, viral, and bacterial infections, brain damage occurring at birth or in accidents, or other brain traumas have been suggested as important factors in the cause of epilepsy [2, 4]. In Europe, nearly 6 million people have epilepsy in the active phase (persistent seizures and/or continued treatment). In Italy, there are about 500,000 people affected and 30,000 new cases per year, with the highest incidence in children and the elderly [5].

Several studies have been conducted in different countries around the world to investigate attitudes toward, perception of, and knowledge of epilepsy, revealing interesting results. A study conducted in Michigan revealed that elementary school teachers lack confidence in their knowledge about epilepsy and that they feel some apprehension when teaching students who have epilepsy [6]. These results are confirmed by Toli et al. [7] who revealed that Greek teachers are strict with children because they feel worried about letting them freely participate in all school activities. According to the authors, this attitude could lead the students with epilepsy to isolation or injury. Results from Brazil confirm the lack of knowledge; the study revealed that some health professionals do not receive sufficient information or any

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formal instruction on epilepsy during their graduate studies and training. However, the importance of this knowledge gap diminished by having a personal relationship with a person with epilepsy underlining a good attitude toward epilepsy [8]. Interesting results are presented by Ezeala-Adikaibe et al. [9]; they found that secondary school students from South East Nigeria have poor knowledge, attitude, and practices. Another study revealed that people have relatively little knowledge even if they have frequent contact with people with epilepsy. The authors suggest improving the general public's knowledge of epilepsy [10]. Gzirishvili et al. [11] provided some data about public awareness and perception of epilepsy among people from different social groups in Tbilisi (Georgia). The study suggested low awareness and a high degree of stigma toward epilepsy. A study conducted in United Arab Emirates underlined that epilepsy is misunderstood; most of the people lack information about the causes and the treatment of the disease. Attitudes toward people with epilepsy can be influenced by education and age; fear of epilepsy may lead to social stigma and discrimination, especially in teenagers [12]. Moreover, lack of information has been indicated as an important factor in stigma perpetuation [13] and in negative perception of epilepsy in our society [14]. A recent study conducted in Africa in a nonurban Zimbabwean population showed false beliefs regarding epilepsy and seizures confirming that myths, perceptions, and incorrect knowledge produce stigma [15]; a study in a rural community in Tanzania revealed that epilepsy is a stigmatizing condition and mostly considered not a biomedical disorder [16]. Populations from municipal and nonmunicipal areas in Thailand seemed to have different levels of knowledge and attitudes. The participants from the municipal area had better knowledge, attitudes, and practices than did the participants from the nonmunicipal area. Studies revealed that people with higher education tend to have better knowledge, attitudes, and perception. Moreover, it seems that with increased awareness, it is expected that the myths, perceptions, and stigma could gradually disappear [17]. High degree of stigma of epilepsy has been found in Ghana; patients with epilepsy are perceived to be persons with contagious disease. They are often socially isolated because they are discriminated against, treated as inferior, believed to harbor demons, and believed to be dangerous persons [18]. According to the recent studies conducted in Bareilly (India) [19], although the majority of the students had reasonable knowledge of epilepsy, myths and superstitions about the condition still prevail in urban school children. The study confirms gaps in knowledge and a negative attitude about various aspects of epilepsy as in the studies conducted among elementary school children [6], among Brazilian university students [20], and among Turkish primary school students [21]. Patients' perception of epilepsy confirm social rejection and a sense of discrimination as shown in other studies [18,19]. Many patients with epilepsy live in fear because they believe they are possessed by evil spirits or are incompetent, insane, and have mental retardation [22].

Consequently, people with epilepsy may develop many psychological and social problems. Their condition has a significant impact on quality of life: it influences family dynamics, reduces social and leisure opportunities, and increases levels of anxiety and depression [1,23]. A systematic review reveals that people with epilepsy develop psychosocial difficulties in their everyday life such as depressive symptoms, anxiety, cognitive problems (memory functions), and emotional difficulties in general, and the authors emphasized the need for further study [24].

A study of teachers from Jordan showed average knowledge of epilepsy and generally positive attitudes toward students with epilepsy, although poor knowledge about methods of dealing with seizures was illustrated by the sample [25]. Another study revealed that citizens of Croatia are tolerant toward people with epilepsy and have positive attitude toward children with epilepsy [26]. A study conducted in Eastern Nigeria determined that there is a good perception of epilepsy among health-care workers, but the perception is poor among nonhealth public workers [27].

In Italy, perception of and attitudes toward epilepsy have been explored through door-to-door surveys [28,29]. Results of the latest

studies have shown increasing knowledge and better attitudes toward epilepsy by the public in Italy when comparing the present to the past nationwide interview [29]. However, a fairly high proportion of persons from the general population still believe that epilepsy is a psychiatric disease that can be a strong limitation to activities of daily living. Awareness and attitudes vary significantly according to the demographic and sociocultural characteristics of the Italian population. Literature review reveals that no study has been conducted in Sicily.

Despite many clinical and therapeutic improvements achieved in the treatment of epilepsy and increasing knowledge of and better attitudes toward epilepsy, epilepsy is still considered negatively by many.

People with epilepsy are stigmatized; they are often considered disabled and unable to have a normal social functioning. Psychological and social factors seem to be important determinants of the clinical course of epilepsy [30]. Therefore, psychological and social factors in persons with epilepsy (PWE) seem to be important elements to evaluate. Prior results suggest that psychological and social domains are an important consideration for interventional programs and clinical research [31].

The aim of the study was to investigate and compare perception of, attitudes toward, and knowledge of epilepsy among Sicilian students and teachers in order to collect data to structure health educational programs and to remediate inadequate knowledge and stigma.

2. Material and methods

2.1. Place of study

Sicily is the largest island in the Mediterranean Sea; it is located in the southern part of Italy, and along with surrounding minor islands, it constitutes an autonomous region of Italy.

2.2. Participants

A cross-sectional study was conducted among high school teachers and college and high school students from Sicily between September 2011 and March 2012. Sicily was chosen because no study in the field has been conducted there before. As part of a larger investigation, the Department of Humanities and Social Sciences – Psychology Unit at the University of Messina recruited 1480 participants from the University of Messina and two high schools randomly mapped in Messina by convenience sampling (700 college students, 700 high school students, and 80 teachers), with no exclusion except those who refused to be interviewed. No compensation was offered. The aim was to explore and compare what different age groups of students think about epilepsy. One hundred twenty-nine college students and 3 teachers did not complete the questionnaires; 15 teachers refused to be interviewed, and their data were removed from the study. Of the 700 high school students, a total of 299 completed the two questionnaires, provided written consent from parents and school, and were included in the study. The final sample of the study consisted of 932 subjects: 571 college students from University of Messina, 62 teachers, and 299 high school students. This research was approved by the Institutional Review Board at the University of Messina, and meets all requirements for ethical conduct for research with human subjects.

Table 1
Sociodemographic characteristics of the study groups (N = 932).

	College students (N = 571)	Teachers (N = 62)	High school students (N = 299)
	M (ds)	M (ds)	M (ds)
Age (years)	21.54 (2.59)	51.18 (6.27)	16.05 (1.67)
	N (%)	N (%)	N (%)
Gender			
Male	302 (52.9)	33 (53.2)	236 (78.9)
Female	269 (47.1)	29 (46.8)	63 (21.1)

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