

Knowledge and attitudes towards epilepsy among nonmedical health workers in rural Bolivia: Results after a long-term activity in the Chaco region

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ABSTRACT

Introduction: Epilepsy represents a major global healthcare issue, particularly in low- and middle-income countries (LMIC), where nonmedical health workers play a key role in providing care to people with epilepsy (PWE). Over the last 20 years, many projects have been carried out by our group in the Chaco region, Plurinational State of Bolivia, with the aim of enhancing knowledge about epilepsy. However, the level of knowledge of epilepsy that nonmedical health workers have reached has never been assessed until now.

The main objective of our study was to assess the level of knowledge, attitudes, and practices (KAP) towards epilepsy among nonmedical health staff of the rural communities of the Chaco region in Bolivia.

Methods: The study was conducted in three departments of Bolivia. The nonmedical health personnel were invited to participate in a training program. They answered a validated questionnaire to evaluate their knowledge and attitudes towards epilepsy before and after the courses.

Results: One hundred nineteen subjects [42 men (36.2%); mean age 29.3 ± 1.1 years] were interviewed among community health workers and nurses before the courses, demonstrating a very good level of knowledge regarding epilepsy and its causes. Only 55 health workers participated in the second training module, and their answer did not significantly differ from the baseline.

Conclusion: Our study confirms the usefulness of continuous educational campaigns, especially directed to non-specialist healthcare providers of rural communities of LMIC, as they may be the only persons responsible for providing healthcare to PWE in that setting. Moreover, the importance of the baseline assessment of KAP was highlighted in order to adapt the educational campaigns to the baseline level of knowledge found.

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1. Introduction

Epilepsy affects approximately 70 million people worldwide and at least 5 million people in Latin American Countries (LAC), representing a major global healthcare issue, particularly in low- and middle-income countries (LMIC) [1–3].

In developing countries, general practitioners and nonmedical health workers such as nurses and community health workers (CHWs) play a key role in providing medical care and social support

to people with epilepsy (PWE). For this reason, in LMIC, as recently recommended by the World Health Organization (WHO), epilepsy with generalized tonic–clonic seizures (GTCS) should be diagnosed by trained nonspecialist healthcare providers [4]. In fact, as pointed out by the WHO, there is indirect evidence from different studies carried out in LMIC that diagnosis made by a nonspecialist health worker for epilepsy with GTCS is feasible, when given the appropriate screening instruments [4–6]. In fact, the consequences of undiagnosed and untreated epilepsy, especially when associated with GTCS, are higher than the risk of an inaccurate diagnosis made by nonspecialist health workers [4]. However, in rural areas, nonmedical health workers are often the only healthcare staff available to recognize epilepsy with GTCS, being stable members of the communities in which they work [4]. Unfortunately, the poor knowledge of nonmedical health staff about epilepsy is considered one of the main causes of epilepsy

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treatment gap (TG) [7]. For this reason, nonmedical healthcare providers should be specifically trained to recognize and diagnose epilepsy. Furthermore, epilepsy, like mental health disorders, is often associated with stigma, particularly in poor areas. The identification of the main determinants that contribute to the stigmatization process is essential to establish which focus awareness and educational campaigns should have to overcome stigma and facilitate the development of biomedical programs aimed at treating epilepsy. Therefore, to manage PWE at a primary care level, knowledge about epilepsy needs to be enhanced among health professionals. However, focused educational interventions and models should be developed considering the different backgrounds and the different roles of the health professional figures involved in the provision of care. This, associated with education of community members, PWE, and their families, could result in addressing some of the most important determinants of epilepsy TG.

Over the last 20 years, many projects have been carried out by our group in the Chaco region, Plurinational State of Bolivia, with the main aim of enhancing knowledge about epilepsy and, consequently, reducing the TG [8–14]. In particular, epilepsy prevalence and incidence, mortality, and the most frequent causes of epilepsy have been assessed, and the sociocultural dimension of epilepsy, as well as epilepsy-associated stigma among Guaraní communities, has been explored [8–13]. In this

context, many different training courses about epilepsy directed to the health staff and focus groups with different members of the communities have been organized over the years in different rural areas of the Chaco region.

However, the level of knowledge of epilepsy that nonmedical health workers have reached after all these years has never been assessed until now.

The main objective of the present study was to assess the level of knowledge and attitudes towards epilepsy among non-medical health staff, nurses and non-medical health workers, of the rural communities of Chaco region in Bolivia. The study is part of a larger educational program performed in this area involving also general practitioners (GPs) [15].

2. Materials and methods

2.1. Study area

The study has been performed in three departments of the Chaco region of Bolivia: Santa Cruz de la Sierra in the areas of Lagunillas and Gutiérrez, Chuquisaca in the areas of Huacaya and Machareti, and Tarija in the area of Villamontes. The Chaco region (Fig. 1) is a subtropical area inhabited by indigenous Guaraní people living in rural communities

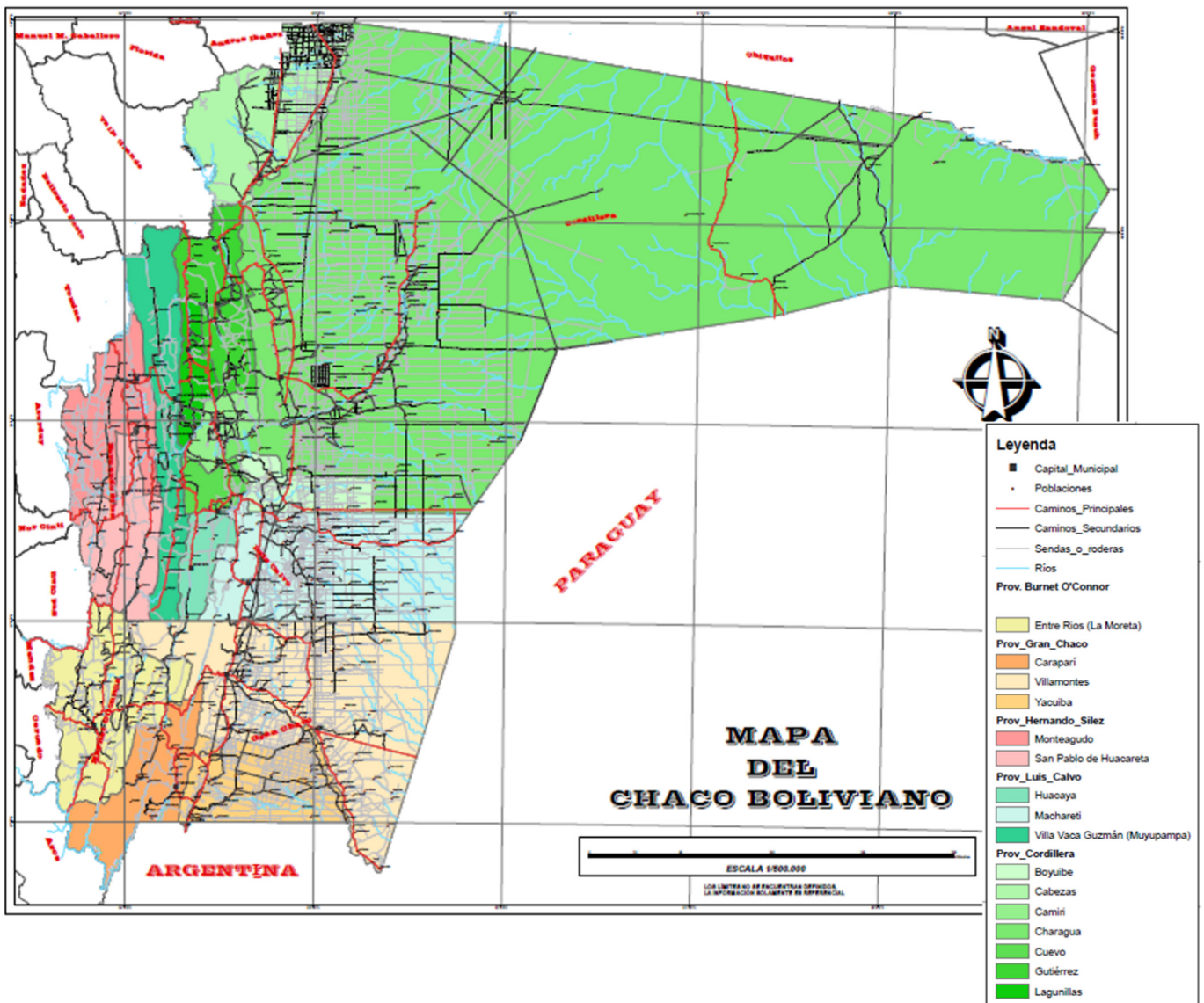


Fig. 1. Map of Bolivian Gran Chaco.

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