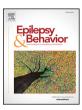
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Epilepsy & Behavior xxx (2018) xxx-xxx



Contents lists available at ScienceDirect

Epilepsy & Behavior



journal homepage: www.elsevier.com/locate/yebeh

Characteristics of the knowledge and attitudes of parents about epilepsy

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ARTICLE INFO

Article history: Received 12 February 2018 Revised 26 March 2018 Accepted 1 April 2018 Available online xxxx

Keywords: Epilepsy Parents Knowledge Attitude

ABSTRACT

Aim: The aim of the study was to identify the knowledge and attitudes of parents about epilepsy. *Methods:* Our study was conducted as a questionnaire study with 1200 parents. The demographic information of the participants, their answers to general questions about epilepsy, and their self-reported epilepsy knowledge scale and epilepsy attitude scale data were evaluated.

Results: A total of 746 (62.2%) mothers and 454 (37.8%) fathers participated in the study. The mean age was 36.3 ± 9.2 years. The educational level was high school or higher in 65.3%. The mothers and the fathers had similar epilepsy knowledge levels and epilepsy attitude characteristics. The highest epilepsy knowledge level and the best attitudes about epilepsy according to the educational level was in the "university or higher" group. Moreover, a positive correlation was found between the epilepsy knowledge level and positive epilepsy attitudes of the parents.

Conclusion: A more positive attitude and better knowledge about epilepsy with increasing educational level indicate that negative attitudes are caused by lack of information. Positive attitudes in the society toward patients with epilepsy would be expected to increase by ensuring a sufficient level of knowledge about epilepsy.

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1. Introduction

Epilepsy is one of the most common neurological problems in the world and in our country. The prevalence is 2.8–19.5/1000 with regional variations. There are at least 50 million individuals with epilepsy worldwide. Although epilepsy can be seen in all age groups, it is more common in children and in the elderly [1,2]. The prevalence of epilepsy in children under 16 years of age in our country was found to be 0.8% [3].

Individuals with epilepsy encounter problems with issues such as education, marriage, and employment, albeit at different frequencies in every society. The most important reasons for these problems are inadequate knowledge about epilepsy and inappropriate attitudes. These problems experienced by patients with epilepsy can be affected by many societal factors such as educational level, income level, religious beliefs, and epilepsy prevalence. These factors can vary from country to country and also from region to region within the same country [2,4–6]. The aim of our study was to identify the knowledge and attitudes of parents about epilepsy.

2. Materials and methods

2.1. Participants

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Our study was conducted with 1200 participants consisting of mothers and fathers of children who had presented to Ankara Yıldırım Beyazıt University Faculty of Medicine's Yenimahalle Training and

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https://doi.org/10.1016/j.yebeh.2018.04.004 1525-5050/© 2018 Elsevier Inc. All rights reserved. Research Hospital Child Health and Diseases outpatient departments and accepted to participate in the study.

The participants completed questionnaire forms that consisted of 3 separate parts. The first part included information on the participants (age, gender, education) and general questions on epilepsy (Q1: Have you witnessed a seizure?; Q2: Have you heard anything about epilepsy?; Q3: Have you read anything about epilepsy?; Q4: Do you know someone with epilepsy?).

The second part of the questionnaire contained the epilepsy knowledge scale, and the third part contained the epilepsy attitude scale.

The aim of the study was to identify the knowledge and attitudes of parents about epilepsy. For this reason, any data related to children were not used.

Permission was obtained from the Ankara Yıldırım Beyazıt University Faculty of Medicine's Yenimahalle Training and Research Hospital Ethics Committee.

2.2. Measurement tools

2.2.1. Epilepsy knowledge scale

The Epilepsy Knowledge Scale (EKS) consists of 16 items developed by Aydemir [7] to measure the knowledge level of the Turkish society about epilepsy. This scale covers the reasons of epilepsy, factors triggering the seizure, social restrictions caused by epilepsy, and appropriate seizure intervention. The total score varies between 0 and 16, and a high score indicates a high knowledge level for epilepsy. The answers in this scale consist of true, false, and "I don't know".

Please cite this article as: Kurt ANC, Characteristics of the knowledge and attitudes of parents about epilepsy, Epilepsy Behav (2018), https://doi. org/10.1016/j.yebeh.2018.04.004

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General	characteristics	of the	participants.

Characteristics	Ν	%
Parents		
Mother	746	62.2
Father	454	37.8
Age		
18–30 у	345	28.8
31–50 y	774	64.5
51–90 y	81	6.8
Education		
Primary	416	34.7
High school	545	45.4
University or higher	239	19.9

2.2.2. Epilepsy attitude scale

The Epilepsy Attitude Scale (EAS) developed by Aydemir [7] aims to determine the degree of positive or negative attitudes of the Turkish participants toward epilepsy and individuals with epilepsy. The scale consists of 14 items, and the possible answers are as follows: "I fully agree", "I agree", "I disagree", "I completely disagree", and "I have no idea". The total score varies between 14 and 70, and a high score indicates a more positive attitude toward epilepsy and individuals with epilepsy.

2.3. Statistical analysis

Statistical evaluation was performed with the SPSS (Statistical Package for Social Sciences, version 21.0, SPSS Inc., Chicago, IL, USA) program. Nonparametric (Kruskal–Wallis, chi square test) and parametric (Student *t*-test) tests were used for comparisons between groups, and Spearman's correlation analysis for data correlation. p values < 0.05 were accepted as statistically significant.

3. Results

The study was conducted with 1200 participants consisting of 746 (62.2%) mothers and 454 (37.8%) fathers. The mean age was $36.3 \pm$ 9.2 years. The educational level was high school or higher in 65.3% of the participants (Table 1).

Evaluation of the answers revealed that the percentages of knowing someone with epilepsy and having heard of epilepsy were similar within the parent groups. The fathers had higher percentages for having witnessed a seizure and having read something on epilepsy (Table 2).

The sources of information were most commonly television and the internet (Fig. 1). The fathers, compared with the mothers, had higher rates of stating that a patient with epilepsy would not pose a threat to her/his environment during the seizure and that there was no treatment for epilepsy (Table 3).

While 45.7% of those who knew someone with epilepsy thought that epilepsy was treatable, this rate was 27.8% in those who did not know someone with epilepsy, and the difference was statistically significant (p < 005).

Table 2

Answers to the general questions about epilepsy (yes, %).

Questions	Total		Mother	Mother		Father	
	n	%	n	%	N	%	
1. Have you witnessed a seizure?	511	42.6	303	40.6	208	45.8	0.044
2. Have you heard anything about epilepsy?	706	58.8	431	57.8	275	60.6	0.186
3. Have you read anything about epilepsy?	315	26.3	181	24.3	134	29.5	0.027
4. Do you know someone with epilepsy?	492	41.0	304	40.8	188	41.4	0.434

The mean EKS scores were 6.7 \pm 3.9 (0–16) in the whole group, 6.7 \pm 4.0 in the mothers, and 6.7 \pm 3.8 in the fathers. No statistical difference was found between the EKS total scores of the mothers and fathers (p > 0.05). Similarly, no statistical difference was present between the age groups (p > 0.05). The highest EKS score according to educational level was found in the "university or higher" group (p < 0.05).

The fathers were found to have more positive attitudes than the mothers about being friends with and having themselves or their children marry someone with epilepsy (Table 4).

The total EAS score was 54.3 ± 8.2 in the whole group, 54.2 ± 8.5 in the mothers, and 54.4 ± 7.6 in the fathers with no statistically significant difference between the parent groups (p > 0.05). There was also no significant difference between the scores by age group (p > 0.05). Comparison of the EAS scores by the educational level of the participants revealed that the lowest scores belonged to parents who were primary school graduates and the highest scores to parents with an education level of "university or higher" (p < 0.05).

The EKS score of 492 participants who had an acquaintance with epilepsy was found to be 55.5 ± 7.9 , and it was found to be 53.5 ± 8.3 in those who did not have an acquaintance with epilepsy; a statistically significant difference was found (p = 0.000). The EAS score was 8.5 ± 3.7 in those who had an acquaintance with epilepsy and 5.5 ± 3.7 in those who did not have an acquaintance with epilepsy, and a statistically significant difference was found (p = 0.000). A moderate positive correlation was present between the EKS and EAS total scores of the participants (r = 0.252, p = 0.000).

4. Discussion

We investigated parents' knowledge levels and their attitude characteristics on epilepsy in this study. Mothers made up most of the participants (62.2%). Among our group, 58.8% had heard something about epilepsy, and 26.3% had read something about epilepsy. Another study from Turkey has reported the total rate of 68.4% for hearing/reading about epilepsy [8]. Another study from Thailand reported a rate of 80.8% for familiarity with epilepsy [6]. In a study on medical students, Kartal [5] reported a rate of 73.1% for having heard something about epilepsy previously. In their study with 456 participants, Njamnshi et al. [9] reported a rate of 12.3% for having read something about epilepsy. Some studies on the level of knowledge about epilepsy have also included children aged 12-18 years in addition to adults in the study group [10]. The epilepsy knowledge rate in the general population was found to increase over the years when the children were made to watch educational videos or were involved in drama study on the subject [11,12]. The most common sources of information in our study were TV and the internet. Another study from Turkey on 530 participants had reported acquaintances and the internet as the most common sources of information [13]. Every age group in the society can be reached, and the knowledge level increased with educational programs on epilepsy distributed through TV, newspapers, magazines, and the internet.

Another study reported a rate of 72.6% for witnessing a seizure and 76.8% for knowing someone with epilepsy [9]. We found that 4 out of every 10 parents in our study knew someone with epilepsy. Another study on mothers with a child with epilepsy found that more than 80% thought epilepsy was treatable [14] while the relevant rate was quite low in our study population. However, this rate was 45.7% and

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Table 1

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