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Research Paper

Improving Epilepsy Awareness in Schools: An Examination of Teachers' Knowledge and Attitudes

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ABSTRACT

Epilepsy is most prevalent neurological disorder and it doesn't know age, racial, social class, geographic, or national boundaries. Epilepsy does not impact only the individual but its impact on family and community. It is related to stigma, epileptic children may be banned from school, adult may not marriage and employment is also affected by epilepsy even in acute seizure person would not render the work unsuitable or unsafe. Epilepsy is a disorder associated with significant psychological consequences like anxiety, depression and poor self-esteem compared with that person who had not epileptic. The aim of the present study was to examine the knowledge, attitude and practice of Epilepsy among school teachers in Ahmedabad, Gujarat. For this purpose, a total of 282 school teachers were selected. The tools used were socio-demographic data sheet and KAP questionnaire. Findings of the present study indicated that majority of the participants had heard and read about epilepsy, and know person with epilepsy. Majority of the teachers had heard about epilepsy from family members followed by parents of epileptic children, family or general physician doctors, newspapers, school and Television. Most of the participants believed that epilepsy is an organic brain disease and showed favourable attitude towards parson with Epilepsy. The participants were very optimistic about prognosis and outcome.

Keywords: *Epilepsy, Knowledge, Attitude, Practice, Teachers*

Epilepsy is a condition of chronic, recurring seizures and its most disabling aspect is unpredictability of when and where the next seizure will occur. It affects nearly 50 million people worldwide. Epilepsy accounts for 1% of the global burden of disease; however, 80% of the burden of epilepsy is in the developing countries. Epilepsy is a group of neurological disorders characterized by epileptic seizures. An epileptic seizure is a transient occurrence of signs and/or symptoms due to abnormal excessive or synchronous neuronal activity in the brain. Epilepsy is a disorder of the brain characterized by an enduring predisposition to generate epileptic seizures, and by the neurobiological, cognitive, psychological, and social consequences of this condition. The definition of epilepsy requires the occurrence of at least one epileptic seizure. (The International League Against Epilepsy, 2014).

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epilepsy is a disorder associated with significant psychological consequences like anxiety, depression and poor self-esteem compared with that person who had not epileptic (De Boer et al. 2008). In India, it has also been reported that students lack knowledge regarding the appropriate first-aid action to be taken for injuries and common illnesses. (School health programme, 1978)

Social stigma and discrimination often cause more suffering for people with epilepsy than the seizures themselves. People living with epilepsy are discriminated against in all facets of life, from education to employment and marriage. Although the etiology of stigma and discrimination is complex, lack of the knowledge regarding epilepsy is purported to be an important determinant of negative attitudes. Children with epilepsy, especially those who have seizures at school, suffer from discrimination and report feeling different from their peers. They also have fear of suffering a seizure at school. Stigma related to epilepsy often causes as much suffering as, or more than, the physical manifestations of the disorder and affects how people respond to the disease burden (Jacoby, 2002).

Epilepsy is not only a neurological disorder but may also have negative psychosocial consequences on people with epilepsy (PWE) and their relatives. Epilepsy has a major impact on quality of life (QoL) in PWE and family members (Mahrer-Imhof et al. 2012). Epilepsy is one of the most common pediatric neurological disorders with higher incidence during the school years (Jan, 2005; Seidenberg & Berent. 1992). Teacher's knowledge and attitudes toward epilepsy can have significant impact on these difficulties including student's performance, social skill development, and future employment (Hsieh & Chiou, 2001).

Teachers are often seen as role models and their knowledge about and attitudes towards epilepsy can directly impact upon a child's school performance, social skills development (Hsieh & Chiou, 2001) and reduction in stigma. Thus, we designed this study to evaluate the awareness, knowledge, attitudes to epilepsy, and attitudes to first aid among secondary school teachers in Ahmedabad (Gujarat).

Mecarelli et al. (2011) studied epilepsy knowledge and attitudes among 600 Italian school teachers. Many had misconceptions, with 55% believing epilepsy is hereditary, 46.8% thinking it is incurable, and only 10.5% aware of surgical treatment. Teachers also viewed epilepsy as a limitation for marriage (33%), employment (39.7%), and sports (32.8%). Additionally, 66.4% felt unprepared to manage seizures, and many associated epilepsy with learning difficulties and behavioral issues.

Abulhamail (2013) assessed epilepsy knowledge and attitudes among 620 primary school teachers in Jeddah, Saudi Arabia. Only 17% were well-informed, with teachers holding higher education displaying better knowledge. Those with greater awareness were less likely to have negative attitudes, such as opposing having an epileptic child in their class or supporting their placement in special classrooms. The study highlighted the need for further teacher training and education on epilepsy.

Alqahtani (2015) studied epilepsy knowledge and practices among 315 male teachers in Southern Saudi Arabia. While 72.7% had witnessed epileptic seizures, 46% correctly identified electrical discharges as the cause. Most teachers (79.7%) opposed segregating children with epilepsy, and 94.9% rejected the stigma surrounding it. However, 64.1% of

those who had seen seizures were unable to provide first aid, highlighting the need for better training.

Thapa et al. (2017) examined epilepsy knowledge, beliefs, and practices among 1,360 high school students in Central Nepal. While 94.2% had heard of epilepsy, only 19.2% knew someone with the condition. Most students correctly understood that epilepsy is neither contagious (68.8%) nor hereditary (64.7%), but misconceptions remained, with 65% believing it hinders a happy life. Although 85.7% recognized allopathic treatment as beneficial, many (69%) were unaware that Ayurvedic treatments are ineffective. Encouragingly, 72.6% were open to interacting with peers with epilepsy, indicating a positive shift in social acceptance.

Goel et al. (2010) studied epilepsy knowledge, attitudes, and practices among 219 12th-grade students in rural Uttarakhand. While 98% had heard of epilepsy, 74.9% mistakenly believed it to be a mental illness, and 4.8% thought it was contagious. Two-thirds saw epilepsy as a barrier to marriage and employment. Traditional remedies like onions or shoes were used by 41% to stop seizures, and Ayurvedic treatments were preferred over allopathic medicine, highlighting the need for better epilepsy awareness and education.

Goel et al. (2019) examined epilepsy first-aid knowledge and attitudes among 177 government school students in Chandigarh, India. While 71% had heard of epilepsy, 50% viewed it as a barrier to education, and over 50% preferred Ayurvedic treatments. Many believed religious visits and exorcism could cure epilepsy. Encouragingly, 74% of students would call a doctor as a first-aid response to a seizure, highlighting the need for improved awareness and proper first-aid training.

Aim:

The aim of the study was to study the knowledge, attitude and practice of epilepsy among school teachers in Ahmedabad, Gujarat.

Objectives:

- To ascertain the knowledge of epilepsy among school teachers.
- To ascertain the attitude of epilepsy among school teachers.
- To ascertain the practice of epilepsy among school teachers.

MATERIAL AND METHODS

Sample:

The present study was a cross-sectional study. Sample consisted of 282 teachers from Ahmadabad and age ranged between 20 and 60 years. All participants were free from major neurological (except one) and psychiatric illness. However there were few teachers reported presence of physical illness like Blood pressure, Thyroid and Diabetes. The teachers were selected various school in Ahmadabad city. A questionnaire was administered having 23 questions with yes or no response was utilized. Questions 1-7 for knowledge, Q8-Q14 for attitude and Q15-Q23 were there for testing the practice about epilepsy. Since selected school belongs to Gujarati, Hindi and English medium schools, this questionnaire was translated in local Gujarati and Hindi language and then back translated for final study. Prior permission was taken from principal and class teachers of respective school.

Tools:

- **Demographic Data Sheet:** A socio demographic sheet was used to obtain information about various important aspects of the individual like name, age, sex, date of birth, family type, school name, teaching experience, religion, type and level of school along with any present history of physical, neurological or psychiatric problem.
- **KAP Questionnaire:** Based on previous study the questionnaire having 23 questions with yes or no response was utilized. Questions 1-7 for knowledge, Q8-Q14 for attitude and Q15-Q23 were there for testing the practice about epilepsy. Since selected school belongs to Gujarati, Hindi and English medium schools, this questionnaire was translated in local Gujarati and Hindi language and then back translated for final study. Prior permission was taken from principal and class teachers of respective school.

Procedure:

Various schools located in Ahmadabad, Gujarat were identified. Heads of the ten schools were contacted, and permission to conduct the study was sought. All schools gave the permission for this study. In Ahmadabad there was one Department who see the whole school work and management which called DEO (District Education Office) also given permission for this research on school teachers.

Before initiating the research principal/teachers were explained briefly about the study and a permission letter was provided to them for same. Informed consent was obtained from teachers. Final sample consisted of 282 school teachers where female is higher than male. The researcher was provided with a separate room by school to conduct the study. The entire testing procedure was conducted on each teacher individually.

RESULTS

A total 282 school teachers from different government and private schools of Ahmedabad participated in the study. A female participant (79%) was higher than male participants (21%). Majority of the participants were married (87%) and Hindu (89%). Majority of the school teachers educational qualifications were Bachelor of Arts or B.Ed. (53%) and Master of Arts (34%).

Table 1: Responses to questions about knowledge, attitude and practice towards epilepsy

Sr.No.	Questions	Yes (%)	No (%)	Don't know(%)
1	Heard or read about Epilepsy	232(82%)	50(18%)	-
2	Knowing the person of epilepsy	103 (37%)	179 (64%)	-
3	Is epilepsy Mental illness	94 (33%)	109 (39%)	79 (28%)
4	Is epilepsy Organic brain problem	166(59%)	42 (15%)	74 (26%)
5	Is epilepsy hereditary	42 (15%)	184 (65%)	56 (20%)
6	Is epilepsy Spread by contact	2 (0.7%)	245 (87%)	35 (12%)
7	Is epilepsy Previous life sins	6 (2%)	233 (83%)	43 (15%)
8	Is epilepsy Hindrance in normal life	178 (63%)	69 (25%)	35 (12%)
9	Person with epilepsy can Marriage	195 (69%)	29 (10%)	58 (21%)
10	Person with epilepsy can normal Sexual relations	174 (62%)	25 (9%)	83 (29%)
11	Person with epilepsy can Study	239 (85%)	20 (7%)	23 (8%)
12	Person with epilepsy can Work	249 (88%)	12 (4%)	21 (7%)
13	Society Should Behave differently with	13(5%)	255 (90%)	14 (5%)

	Person with epilepsy			
14	Would allow your child Play or study Person with epilepsy	247 (88%)	32 (11%)	3 (1%)
15	Allopathic is good for Person with epilepsy	145 (51%)	27 (10%)	110 (39%)
16	Ayurvedic is only option for Person with epilepsy	17 (6%)	167 (59%)	98 (35%)
17	Person with epilepsy had Lifelong treatment	86 (31%)	106 (38%)	90 (32%)
18	Person with epilepsy should leave a single Tablet	123 (44%)	62(22%)	94 (34%)
19	Medicines Side effects of epilepsy	60(21%)	82 (29%)	140 (50%)
20	Is epilepsy had Curable	230 (82%)	13 (5%)	39 (14%)
21	should Holy treatment is good for epilepsy	9 (3%)	222 (79%)	51 (18%)
22	Priest can treat epilepsy	17 (6%)	204 (72%)	61 (22%)

Knowledge about Epilepsy

In present study, results revealed that 82% school teachers had heard or read about epilepsy and 37% of respondents knew at least one person with epilepsy. One hundred and sixty six teachers (59%) believed correctly that epilepsy is an organic brain disorder although, ninety four teachers (33%) also believed that epilepsy is mental problem. Prevalent misconceptions were not present in this study, it reveals that epilepsy is not hereditary disorder (65%), is not contagious (87%) and is not a result of previous life sin (82%).

Attitude about Epilepsy

In attitude towards Epilepsy of school teachers had 84.8% of teachers thought that epilepsy cannot interfere with study. Majority of them believed that epilepsy is not a hindrance to happy married (69%) and sexual life (62%). Nearly 88% believed that person with epilepsy can work normally as non-epileptic and 88% of teachers can allow her children to play or study with epileptic children. Most of the teachers (90%) believed that society had not discriminative attitude for epileptic patients.

Practice or management of Epilepsy

More teachers (51%) believed that allopathic is a better option than Ayueveda. A small proportion (3%) believed that holy treatment with worship is effective in treatment of epilepsy. Two-third of the teachers from Ahmadabad, (82%) felt that epilepsy can be cured but one third of the teachers (31%) thought that person with epilepsy has to take lifelong treatment. Half of the teachers (44%) believed that Epileptic patients should not leave a single tablet but 21% teachers responded that epileptic medicines have side effects. 72% of teachers believed that priest cannot treats the epileptic patients.

Table 2: Seizure management information of the sample (Q.23)

Seizure management	Frequency (Percentage)
Hospital	118(42%)
Bunch of keys in hands	8 (3%)
Put water in face	28 (10%)
Shoe or onion	71 (25%)
Don't know	27 (10 %)
Others	30 (11%)

In response to first aid measures for epileptic fits Q23, 42% preferred that they would take the person to a hospital, 25% said that they would put shoe or onion on nose, 10% would splash water over face and 3% of would make the person hold a bunch of keys. Including

this first aid some other suggestions (11%) also given by teachers were that they were help that patients, provide some safe environment, give them clean air, Put hard things or coin in mouth because tongue was bite by teeth etc. 10% teachers did not know that what's first aid was used in seizure management.

Table 3: Frequency and percentage of Knowledge sources of Epilepsy

Source of Knowledge	Frequency	Percentage (%)
Never heard about epilepsy	46	16%
Newspaper	25	9%
TV	19	7%
Family member	50	18%
School	25	9%
Book	24	9%
Doctor	20	7%
Parents of epileptic children	41	15%
Others	32	11%
Total	282	100 %

Table 3 shows source of Knowledge regarding Epilepsy. There were eight different sources reported by participants. Majority of the teachers had heard about epilepsy from family members (18%). There were 15% of teachers reported to hear it from parents of epileptic children who studying in them schools, while 7% had heard from family or general physician doctors, 9% teachers had read from newspapers, school and 9% had read from book, 7% teachers had knowledge from Television. There were 11% teachers were heard from different source like society, Relatives, Neighbours, internet, on road going epileptic persons, epileptic children in school etc., while there were 16% of teachers had never heard or read about epilepsy in past.

Table 4: Frequency and percentage of Causes of Epilepsy

Causes of Epilepsy	Frequency	Percentage (%)
Genetics	19	7%
Trauma	12	4%
Infection	1	0.4%
Tumor	4	1%
Brain Disease	52	18%
Insanity	7	3%
Crippling	15	5%
Stress	36	13%
Combination of more than one	19	7%
Don't Know	108	38%
Others	9	3%
Total	282	100%

Table 4 depicts causes of Epilepsy according to teachers. There were eight different causes of epilepsy mentioned by participants. According to this study, 18% of teachers believed that epilepsy is Brain disease, 13% teachers believed that epilepsy cause is stress, 7% teachers believed that epilepsy is Genetics and combination of more than one reason above eight. 4% of teachers believed that epilepsy is causes of Trauma and 5% of Crippling, while 3% of teachers believed epilepsy is insanity, 1% of believed epilepsy is Tumour and 0.4% of

believed epilepsy is Infection. Majority of the teachers (38%) had not know about the causes of epilepsy, while there were 3% teachers gives other causes of epilepsy like Physical weakness, mental illness, Depression, Poor diet and mother's poor health and substance use during pregnancy etc.

DISCUSSION

In present study participants shows better knowledge about epilepsy which is consistent with other studies (Bannon, et al, 1994 & Mielke et al, 1997). In this study, 87% of teachers felt epilepsy as a non-contagious illness. Our figures are higher to South Korean study where 13-18% of persons felt it to be contagious (Kim et al.2003). Similarly, in Africa epilepsy is often believed to be contagious, mainly through saliva and physical contact. This opinion was also noticed in other studies, especially in Africa (Millogo et al.2001, Mielke et al. 1997, Matuja et al. 1994. Nyame et al. 1997).

In the present study half of the school teachers had witnessed a seizure. Several studies like Denmark, Taiwan and Tanzania from both developed and developing countries showed high awareness among public (Caveness, 1980, Jensen.1992, Rwiza 1993 & Chung, 1995). On the contrary, the awareness about epilepsy among schoolteachers in Thailand was only 58% (Kankirewatana, 1995). In this study less school teachers believed that epilepsy is hereditary (15%), whereas in another Indian study 32% participants felt that epilepsy is hereditary in origin. In an Indian studies finding revealed that 27% of thought epilepsy was a form of insanity, 26% of caregivers considered it madness which is similar to present study and 21% hereditary illness which is higher than present study. (Radhakrishnan et al., 2000 & Dung et al., 2009).

In present study there was 88% of school teachers would allow their children to play or study with epileptic children. In contrary in Africa parents object to allowing their children to have social contact with a person with epilepsy at school because they believed epilepsy was a contagious (Gambhir 1994, Bener 1998, Jensen 1992) In present study 2%of school teachers believed epilepsy was previous life sins which is lower than another studies (Pandian et al., 2006; Gauri devi et.al, 2010 &Goel et al.2011) and, nearly 5% students were believed that epilepsy is contagious and is due to sin of ancestors (Goel et al, 2019).

In Italian study that included 600 teachers from primary and secondary schools, it was found that 33% of teachers considered epilepsy a moderate-to-strong limitation for marriage and 24.6% for having children (Mecarelliet al.2011). In another study 76% of teachers would marry an epileptic person (Mielke al.1997). In a survey from Thailand, most teachers would allow their children to associate with a child with epilepsy but only 41% of teachers would allow marriage of their child with an epileptic (Kankirewatana, 1995) most teachers believed that people with epilepsy could lead as normal a life as everybody else and that they should be employed like other people (Vujisic et al.2016). In Present study Ahmedabad school teachers had also positive attitude about epilepsy as others reported.

In present study more than half school teachers believed that person with epilepsy hindrance in normal life followed by marriage, sexual relationships, while higher percentage of teachers believed PWE can work and study properly which is favored byother studies in India (Pandian et al.2006; Gauri Devi et al.2010 & Goel et al.2011).In present study very low proportion of school teachers believed that society should behave differently with epileptic persons which is favored by other studies (Goel et al., 2011 & Pandian et al., 2006).

In present study more than half school teachers believed that Allopathy medication was best for epilepsy while Ayurveda medication was less effective. They believed that only Ayurveda is not only option for epilepsy but Allopathic is good for epilepsy. In Gujarat state teachers believed in Allopathic medicines than Ayurveda. Similarly in another study, students believed that allopathic treatment has to be taken for whole life but Ayurveda can cure epilepsy (Goel et al.2011). In present study less than half school teachers were believed that person with epilepsy needs lifelong treatment and should not leave a single tablet while in a study conducted among Italian school teachers, 40% of teachers who had students with epilepsy in their class believed epilepsy can be controlled with medication (Mecarelli et al.2011) which favored present study.

In the present study higher number of school teachers (82%) were believed that epilepsy was curable, whereas in Italy it was observed that 47% of the teachers believed that epilepsy was incurable (Mecarelli et al.2011), while a study conducted in Brazil showed a much greater percentage of teachers believing epilepsy can be treated (90%) (Fernandes et al. 2007).

In Ahmedabad less than half school teachers knows the side effects of medication while high proportion of teachers did not know about side effects of medication which is almost similar to other studies (Goel et al. 2011 & Pandien et al. 2006). Very few percent of school teachers were believed that holy treatment like 'Tantric Vidhya' and priest can treat person with epilepsy which is very lower than other studies (Goel et al. 2011 & Pandien et al. 2006). The school teachers of present study did not support any superstitions and they have good conception of epilepsy treatment. They are educated so didn't support any kind of holy treatment and that's good part of this study.

Seizure management in school teachers

In this study most of the teachers believed that during acute attack of seizure they should take the patient to hospital. However 25% participants suggested putting onion or shoes near patient's mouth while very few school teachers were spray water on face and gives bunch of keys in patient's hand. Most of the teachers prefer doctors or hospital to treat epilepsy. Few school teachers gives other suggestions like giving safe atmosphere, fresh air, help whatever they knows while other teachers did not know about management of epilepsy.

In other study revealed that about half of the students would take a person with an acute attack of epilepsy to the hospital while nearly one-fifth would throw water on to the person or would make the person smell a shoe or an onion (Joshi, 2012). This is again similar to other studies where about 41% students believed that the acute attack of epilepsy could be terminated by the smell of an onion or a shoe (Goel et al. 2011).In other studies 41% believed that it is appropriate to place an object in a patient's mouth during a seizure to prevent injury **(**Long et al., 2000; Fong & Hung, 2002 & Vujisic, 2017).Twenty four percent of participants would hold the person to the ground and 19% would put a solid object into the person's mouth (Jansen et al.,2017).

Source of Knowledge regarding epilepsy

In present study school teachers got the information about epilepsy from various sources. Most of the teachers got knowledge from family members followed by parents of epileptic children, news, Television, Book, Doctors and school. In the present study several participants acknowledged their ignorance about epilepsy.

The commonest sources of information reported in the literature were the electronic media (36%) and family members (26%), 59% had witnessed a convulsion in the past and 8.9% had a family member with epilepsy. Jerking (50%) and loss of consciousness (47%) were identified as the commonest manifestations of epilepsy (Ezeala et al., 2013). while the other sources were print media 61% being the commonest source of information, followed by friends and family 51%, electronic media 26% and doctor 14%. Only 8% respondents had no knowledge of the epilepsy (Bhesania et al.,2014).Surveys conducted among the schoolteachers in Indonesia and Sudan has shown that a significant proportion of them had a negative attitude toward and considerable misunderstanding of epilepsy (Rambe et al.2002 & Babikar et al. 2011) It has been indicated that lack of knowledge about causes of epilepsy is the main factor affecting participants' attitudes (Saengsuwan et al 2009).

Causes of epilepsy

In this study, 18% of teachers believed that epilepsy is Brain disease, 13% teachers believed that stress as cause, 7% teachers believed that epilepsy is Genetic and combination of more than one reason above eight. 4% of teachers believed that epilepsy is causes of Trauma and 5% of Crippling, while 2% of teachers believed epilepsy is insanity, 1% of believed epilepsy is Tumor and 0.4% of believed epilepsy is Infection. Majority of the teachers (38%) had not know about the causes of epilepsy, while there were 3% teachers gives other causes of epilepsy like Physical weakness, mental illness, Depression, Poor diet and mother's poor health and substance use during pregnancy etc. In an Indian study, it was found that 27% of participants thought epilepsy was a form of insanity, 26% of caregivers considered it madness and 21% hereditary illness (Radhakrishnan et al., 2000 & Dung et al., 2009).

Few studies reported that, 39% considered epilepsy to be due to spiritual causes, old age or poisoning/bad blood, 46% of them believed that epilepsy was caused by electrical discharges. 25% of them linking epilepsy to a central nervous disturbance, 20% of thought emotional strain could cause epilepsy (Ezeala et al., 2013; Alqahtani 2015; Vujisic, 2017 &Jansen et al., 2017).

CONCLUSION

There were several western studies indicated that knowledge, attitude and practice about epilepsy in teachers were adequate and aware about epilepsy, while in Indian studies there were knowledge regarding epilepsy was adequate but attitude towards epilepsy was negative which is consistent with present study. In present study most of the teachers are aware of the seizure management. However, there were some Indian studies negative attitude and poor awareness of epilepsy.

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Conflict of Interest

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