

Teachers' Beliefs about Epilepsy in Children at AL- Basrah Elementary Schools

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ABSTRACT

Background: Understanding epilepsy influences Beliefs about children with epilepsy. Due to unfavorable cognition, school-aged children with epilepsy have significant social difficulties.

Objective: To measure elementary school teachers' beliefs about epileptic in children. In addition, we aimed to clarify the relationship between elementary school teachers' views on epilepsy in children and sociodemographic characteristics such as age, gender, and family history.

Methods: A descriptive cross-sectional study was conducted between February 2020 and July 2020 among 130 primary school teachers in Basrah's central business district to determine how elementary school instructors felt about children who have epilepsy. The choice of the teachers at the schools was made using probability (a straightforward random sample).

Results: A probability (simple random sample) was carried out in order to pick the school's teachers. The approximate gender breakdown of the (130) participants is as follows: (n=111; 85.4%) women and (n=19; 14.6%) men. Less than half of the participants in the (40–49) age range (n=42; 32.3%) are female. The majority of participants (n=107; 82.3%) have moderate beliefs, according to the data.

Conclusion: In light of the study's findings, the researcher comes to the conclusion that the majority of participants have moderate attitudes.

Keywords: Epilepsy, Children, Teacher's, Beliefs

INTRODUCTION

The most prevalent chronic neurological illness in children is epilepsy, which affects 5 to 10 kids out of every 1000¹. It is a propensity for repeated unexplained seizures. A seizure is a periodic impairment of awareness, emotion, or movement brought on by excessive, improper electrical discharges that are coordinated in the cerebral cortex. Numerous factors, including genetic, structural, functional, anomalies in metabolism, and other stressors, can contribute to this illness². All ages are affected by epilepsy; however, children are more frequently affected. Five to ten cases of epilepsy are reported for every 1000 people in underdeveloped nations. There are 2.8 to 19.5 cases per 1000 persons worldwide. Currently, 50 million people worldwide suffer from epilepsy, with 80 percent of them residing in poor nations³⁻⁵. Epilepsy is one of the conditions that most significantly impacts a child's behavior and quality of life when compared to other chronic illnesses. This is mainly due to the lack of knowledge about the disease, which leads to misunderstandings. Social stereotypes negatively impact the daily lives of families and children with epilepsy, superstitions, and illogical beliefs^{6,7}. A person experiencing a seizure may lose control of their body and revert to a primal state, which can lead to social rejection⁸. Epilepsy can sometimes be more distressing for those who

have it because of social prejudice than the condition itself. Due to their dread of an unplanned and public lack of self-control, some epileptic youngsters may be excluded from their classrooms^{9,10}. In the past, epilepsy was thought to be a sacred disease caused by a divine invasion of the body. A healthy person could only be stunned, thrown to the ground, convulsed, and then quickly awakened by God. Many people in developing nations think epilepsy is contagious and spreads during convulsions through the passage of urine, saliva, gas, and feces, is frequently misinterpreted³. The ideas around the etiology, prognosis, and management of epilepsy have undergone significant change over the centuries. Significant efforts have been made over the twenty-five years, especially during the last decade, to combat centuries-old stigma and misunderstanding that have led to prejudice towards epilepsy sufferers¹¹. It is important to understand the processes, prejudices and attitudes of stigma surrounding epilepsy. Biomedical information about epilepsy now replaces magical explanations in wealthy countries, but inaccurate information remains in developing countries because of stigma, shame and false beliefs. These assumptions, which are rooted in epilepsy, blur the connections between the community and epilepsy and can harm children with a sense of social identity of disability^{12,13}. As a result, there is a negative perception of epilepsy that

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may have an impact on various aspects of life, including health, career, and interpersonal and familial connections¹⁴. Self-confidence and self-esteem are also impacted, which lowers quality of life. A world of meanings and beliefs can be awakened when someone believes they are "epileptic," which might have a negative impact on their psychosocial adjustment. Children with epilepsy frequently experience fear and embarrassment^{15,16}. Instructors play a crucial role in promoting public health awareness since school-age children with seizure disorders spend the majority of their waking hours socializing and interacting with their teachers and peers. By taking on a role, they can teach their students and subsequently the community about their knowledge^{17,18}. Due to the unpredictable nature of epilepsy, teachers, in addition to other members of the school community, may be required to intervene in an unannounced seizure that occurs at school. A student who experiences a seizure at school may have a variety of negative effects, including shame, fear, rejection, and disruptions to their ability to learn^{19,20}. The majority of epilepsy cases tend to occur in children and adolescents, and instructors typically do not receive any official training on the condition during their first preparation. These teachers spend the majority of children's formative years in their care, and their treatment of students with epilepsy may have a significant impact on their academic pursuits and future successes. Teachers might be very important in the supervision and care of epileptic youngsters^{21,22}.

METHODS

130 primary school teachers in Basrah's central city participated in a cross-sectional descriptive study to assess elementary school teachers' attitudes about children who have epilepsy from February 2020 to July 2020. The administrators of the schools as well as the teachers gave their consent for this questionnaire to be used. The questionnaire took between 10 and 15 minutes to complete. All teachers received the survey, and when necessary, the questions' answers were given. The first of the questionnaire's two components deals with the demographics of elementary school instructors. Twelve topics made up the second section, which discussed common misconceptions concerning epilepsy. The responses to the inquiry about beliefs are binary, that is, "yes" or "no." The right "positive reaction receives one point", whereas the incorrect "negative reaction receives zero points". The questionnaire was altered from one used in a Central Nepal study²³. School teachers were chosen based on probability (simple random sample). The Faculty of Nursing at the University of Basrah gave approval to the researchers. Al-Basra Municipal Education Department gave further approval for data collection. IBMSPSS version was used for all statistical analyzes²⁴⁻²⁶.

RESULTS

Table 1: Distribution of the study sample according to their demographics

Items	Rating	F.	%	V.P.	C.P.
Gender	Male	19	14.6	14.6	14.6
	Female	111	85.4	85.4	100.0
	Total	130	100.0	100.0	
Age	20-29	19	14.6	14.6	14.6
	30-39	33	25.4	25.4	40.0
	40-49	42	32.3	32.3	72.3
	50-59	32	24.6	24.6	96.9
	60-69	4	3.1	3.1	100.0
	Total	130	100.0	100.0	
Family history of epilepsy	Yes	106	81.5	81.5	81.5
	No	24	18.5	18.5	100.0
	Total	130	100.0	100.0	
Relatives history of epilepsy	Yes	72	55.4	55.4	55.4
	No	58	44.6	44.6	100.0
	Total	130	100.0	100.0	

F= Frequency; %= percentage; V.P. = Valid Percent; C.P. = Cumulative Percent

Table 1 describes that approximately 85% of participants are female (n=111; 85.4%) and 15% of participants are male (n=19; 14.6%); that in their age group, only 42.3% of participants are between the ages of 40 and 49; that most individuals have a history of epilepsy in their families (n=106; 81.5%); and that more than half of participants have a relative who has had epilepsy (n=72; 55.4%); and that the participants' gender is not known.

Table 2: Distribution of teachers' belief levels regarding epilepsy

Item	Rating	F.	%
Overall beliefs	Low	17	13.1
	Moderate	107	82.3
	High	6	4.6
	Total	130	100.0

F= Frequency; %= percentage

This table 2 demonstrates that the majority of participants (n=107; 82.3%) have moderate beliefs.

Table 3: Association between participants' beliefs and their gender

		Overall beliefs			Total
		Low	Moderate	High	
Gender	Male	2	14	3	19
	Female	15	93	3	111
Total		17	107	6	130

X²= 6.332^a df= 2 p-value = .042 P> 0.05 S

chi-square, df and p stand for degrees of freedom, respectively. P 0.05 indicates a significant difference, whereas P > 0.05 indicates a non-significant difference.

Table 4: Association between participants' beliefs and their age

		Overall beliefs			Total
		Low	Moderate	High	
Age	20-29	0	19	0	19
	30-39	3	28	2	33
	40-49	9	31	2	42
	50-59	5	25	2	32
	60-69	0	4	0	4
	Total		17	107	6

X²= 8.543^a df= 8 p-value = .382 P≤ 0.05 NS

Table 5: Association between participants' beliefs and their family history

		Overall beliefs			Total
		Low	Moderate	High	
Family history	Yes	15	91	0	106
	No	2	16	6	24
	Total	17	107	6	130

X²= 27.881^a df= 2 p-value = .000 P> 0.05 HS

Table 6: Association between participants' beliefs and their relative history

		Overall beliefs			Total
		Low	Moderate	High	
Relatives history	Yes	13	55	4	72
	No	4	52	2	58
Total		17	107	6	130

X²= 4.055^a df= 2 p-value = .132 P≤ 0.05 NS

DISCUSSION

The purpose of this study was to gather information about primary school teachers who have epilepsy and who represent a significant group in the community who frequently interact with children^{27,28}. Table 1 shows the total number of participants (130). The ratio of male to female is around (n=19; 14.6%) and (n=111; 85.4%) respectively. The participants in this age group (n=42; 32.3%) are just slightly more than half between the ages of 40 and 49. This conclusion is in line with that of Al-Hashemi, and other²⁷ results indicate that the mean age was 36.9 years. In terms of age, the majority of teachers (44.7%) and those between the ages of 40 and 49 (22.5%) were in this range. Table 2 demonstrates that nearly everyone (n=94; 72.3%) shared a moderate belief. Elhassan as well as his associates²⁹. The current research is supported by a Khartoum study titled "Epilepsy: Knowledge, Attitudes and Practices of Secondary School Teachers." However, 136 (42.9%) claimed that their causes were related to other organic disorders, and 68 (21.5%) asserted superstitious and demonic reasons. Another study titled 'Epilepsy knowledge, attitudes and practices of primary school teachers' was conducted in the city of Taif, Saudi Arabia. Alharth et al³⁰ (64.5%) believe epilepsy can be cured or controlled, and study participants (78%) believe epilepsy is not contagious. Table 3 demonstrates a strong correlation between the gender of the professors and their beliefs. This conclusion is confirmed (Table 4). The data in this table 4 shows that there is no correlation between the teachers' beliefs and their age. In tables 5 and 6, The association between teachers' ideas and their heritage is clearly shown in this table. This result shows that all special education instructors were aware of epilepsy, and 15 of them (or 54% of them) reported to have seen a seizure. This finding is consistent with that obtained by Zanni and others³¹ in Kuwait study about "Knowledge about epilepsy and attitudes toward students with epilepsy among middle and high school teachers." Additionally, only 3 (11%) persons (grandfather, uncle, and cousin) reported having epileptic relatives.

RECOMMENDATION

The majority of participants should have moderate beliefs, according to this study. Additionally, show how the data indicate that there is a low-significant link between the instructors' beliefs and their family history and a non-significant association between their beliefs and the history of their relatives.

CONCLUSION

This study concluded that the majority of participants have moderate beliefs, the researchers draw this conclusion. Additionally, show how the data indicate that there is a low-significant link between the instructors' beliefs and their family history and a non-significant association between their beliefs and the history of their relatives.

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Competing Interest: None

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