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**DEPARTMENT OF NURSING**

**DIPLOMA PROGRAMMES**



**SOCIETAL PERCEPTIONS OF EPILEPSY AND ITS EFFECTS ON EPILEPTIC  
CLIENTS AMONG PEOPLE OF AYARKORASE-BEREKUM.**

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### DECLARATION

We hereby declare that this submission is our work towards the Diploma in General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has accepted for the award of the diploma of the University, except where the knowledge has been made in the text.

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## **ABSTRACT**

The study focused to determine the societal perceptions of epilepsy and its effects on epileptic clients among people of Ayarkorase-Berekum. A descriptive cross-sectional design was used to collect in-depth information for the study. The sample population was obtained using a convenient sampling technique. The data for the study was collected by administering questionnaire to the participants. A total of 65 people were used for the study.

The study found out that, majority of the students (89%) had knowledge about the causes of epilepsy. Majority of the respondents (59%) knew the causes of epilepsy to be natural and organic cause.

Majority of the respondents (53%) indicated that they heard about epilepsy from the media. Majority of the respondents (62%) feel embarrassed when they get seizures in the midst of people. Majority of the respondents (77%) preferred orthodox medicine in the treatment of epilepsy. Majority of the respondents (86%) always take in their medicine.

The study concluded that majority of the respondents feel embarrassed when they get seizures in the midst of people and most of the respondents indicated they would inform their employers about their condition for emergency purposes.

It was recommended that there should be education conducted for people within the community on the effects of stigmatization on epileptic patients and epileptic patients should be encouraged to taken in the medication regularly to prevents episodes of seizure.

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## **ABBREVIATION**

PWE	People with epilepsy
U. K	United Kingdom
U.S. A	United States of America

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## CHAPTER ONE

### INTRODUCTION

#### 1.0 Background of the study

Epilepsy is a neurological condition that causes unprovoked, recurrent seizures. A seizure is a sudden rush of abnormal electrical activity in the brain (Hammond, Pietrangelo, & Yetnam, 2022). Epilepsy may also result from damage to the brain due to injuries or intra-cranial infections. The condition can also be classified under generalized epilepsy where there is loss of consciousness and focal epilepsy where consciousness may be retained (Hammond, Pietrangelo, & Yetnam, 2022).

There are about 50 million people worldwide with epilepsy with 90% of these people living in Africa. Infectious diseases, childhood asphyxia, injuries and head trauma have been associated with the high prevalence of the condition in Africa (Baruchin, 2019).

Epilepsy is an ancient disease, which has fascinated and frightened scientists and laymen alike. Before the working knowledge of the central nervous system, seizures were shrouded in mystery (Kaculin, Tate-Looney, & Seifi, 2021). In antiquity, this disease was accredited to gods and demonic possession, causing those with epilepsy to be feared and isolated. Epilepsy patients continued to face discrimination through the mid-20th century (Kaculin, Tate-Looney, & Seifi, 2021). This discrimination ranged from lack of access to health insurance, jobs, and marriage equality to forced sterilizations. Despite the strides that have been made, there are still many misconceptions globally regarding epilepsy. Studies show that patients with epilepsy in communities that understand the pathology and cause of seizures are generally more successful in social and educational environments (Kaculin, Tate-Looney, & Seifi, 2021).

People with epilepsy (PWE) experience related cognitive, emotional and psychological difficulties (Quintas, Raggi, & Giovannetti, 2020), including anxiety, depression and low self-esteem, as well as problems with family functioning (Jacoby, Baker, Steen, Potts, & Chadwick, 2019). PWE also experience social and legal restrictions with possible implications for their welfare, not least in relation to driving and employment (Krumholz, 2018).

Comte and Weber proposed theories which view the 3 stages of western culture's interpretation of natural phenomena which include; a progression from the religious or supernatural theory to the naturalistic model of social and physical reality and finally to the scientific model (Pasternak, 2019).

Pasternak (2019), realised that prejudice against individual with certain disease conditions had ameliorated but not eliminated though society had made a considerable effort in its progression from; the religious or supernatural model through the naturalistic model of social and physical reality to a scientific mode of viewing disease condition.

Different societies have different perceptions about the causes of epilepsy. In Cameroon, it is believed that people with epilepsy are inhabited by evil spirits and that the devil invades them and causes them to convulse from time to time. Also in Liberia, epilepsy is viewed as being related to witchcraft. The people of Swaziland believe that epilepsy is as a result of sorcery while the people of Uganda believe that the disease is contagious and can be transmitted through the saliva (Goffman, 2018).

Epileptics suffer from considerable stigmatization in the society and this is due to the perception the society has about the causes of epilepsy (Baker, 2019).

Society has the potential of categorizing individuals based on certain features with the health status of the individual being no exception. Individuals, who are labelled in this sense, suffer from status loss and discrimination (Jacoby, 2022).

Though some work has been done to determine what the people in the society think are the causes of epilepsy, a lot still has to be done to find out if the perceptions of these people have changed over time. It is also important to determine if there are ways the society thinks we can do away with the negative effects of these perceptions and also to determine the effects these perceptions have on the clients.

### **1.1 Problem Statement**

Epilepsy is the most common childhood neurological disorder. Children who suffer from seizures tend to have significant psychosocial difficulties that are more noticeable when seizures coexist with other chronic disorders (Nickels, 2022). A paediatric epilepsy study carried out in Mumbai found that 55.3% children had partial seizures while 27% had generalized seizures (Santhosh, Sinha, & Satishchandra, 2017).

In a study on 123 children with refractory epilepsy, it was found that children whose onset was below the age of two years were mostly males with co-morbid neurological or psychiatric conditions with a certain seizure type acting as a risk factor for refractoriness (Gadgil & Udani, 2021). Children with epilepsy have other co-existing health conditions that significantly affect their health and intensifies their parents' worries and anxiety as they require continued surveillance and are often in a state of uncertainty and apprehension. While scientific advances have led to early identification and treatment for epilepsy, misconceptions about its causes and lack of awareness about safety and injury prevention still exist (Dung, et al., 2019). Help-seeking behaviour of parents of children with epilepsy is influenced by their religious and cultural beliefs that also affect their epilepsy management skills. In African

counties, epilepsy is believed to be caused by spirits, witchcraft, poisoning, and regarded as a contagious disease leading to social isolation of persons affected with it (Rani & Thomas, 2019). Multiple studies have shown that treatment choices are affected by social and demographic factors such as income, education, age, gender, social network, and distance travelled by an individual from the treatment location (Suryakantha, 2017).

Less work has focused on the people with the epilepsy in Ghana and how stigmatisation affects such individuals. Individuals with epilepsy suffer from considerable stigmatisation as a result of their disease condition (Shafiq, 2017). This is due to the varied perceptions of individuals in the community about the condition. The society greatly influences the way the individual views him/herself in terms of self-esteem. A change of perception will therefore go a long way to help millions of people around the world who have epilepsy in order to restore their dignity.

Given this, it is important to determine the societal perceptions of epilepsy and its effects on epileptic clients among people of Ayarkorase-Berekum.

## **1.2 General objective of the study**

The main objective is to determine the societal perceptions of epilepsy and its effects on epileptic clients among people of Ayarkorase-Berekum.

## **1.3 Specific Objectives**

1. To determine the society's perception about the causes of epilepsy among people of Ayarkorase-Berekum.
2. To identify the sources of the perception among people of Ayarkorase-Berekum.
3. To explore the effect of these perceptions on the epileptic patient among people of Ayarkorase-Berekum.

## **1.4 Operational Definition**

Society: A particular community of people, who share a common belief and culture.

Perception: An idea, belief or an image one has about something as a result of how he/she sees and understands that thing.

Societal perception: is where a person uses the behavior of others to form opinions.

Epilepsy: is a neurological condition that causes unprovoked, recurrent seizures.

Effects of epilepsy on the people living with epilepsy - people with epilepsy have more physical problems such as fracture and bruising from injuries related to seizures, as well as higher rates of psychological conditions including anxiety and depression.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter contains a review of relevant literature related to the research topic: “To determine the societal perceptions of epilepsy and its effects on epileptic clients among people of Ayarkorase-Berekum”. The sources of information include books, journals, and online articles, research reports.

#### **2.1 Overview**

Epilepsy as a psychiatric condition usually begins during infancy. It could also occur in the adolescent or adult. The condition may be related to some prenatal factors such as; malnutrition on the part of the mother, infections occurring during pregnancy could be some of the factors that predispose a child to epilepsy. Postnatally, inadequate care at birth, malnutrition, parasitic infections, injuries and malaria are some of the factors that will also lead an individual to develop epilepsy (Okasha, 2018). The issue of epilepsy can therefore be tackled not by individuals but by the community as a whole. The individual forms part of the society and lives according to what the communities determine as normal or abnormal.

#### **2.2 Societal perception about the causes of epilepsy**

There are varied perceptions about the causes of epilepsy not only among the African society but also among those in the western world making it an issue of global concern. In comparing the beliefs among several groups; In central Africa, and south America, it was found that, belief in the spiritual or supernatural cause of the disease is prevalent in these cultures and that patients get psychological benefits from traditional remedies even if western style treatment is also available (Carod-Artal & Vázquez-Cabrera, 2017).

A cross-sectional study was conducted by Adewumi, Oladipo, and Adewuya, (2020) among people living with epilepsy in Nigeria on the public perception and attitude toward. A total of 1,614 people were selected via multistage probability sampling completed a set of questionnaire. The study found out that the most endorsed causes of epilepsy were brain injury/infection (75.8%), evil spirit/witchcraft (73.0%), God's will (70.0%), and infection by contact (64.9%). Only 67.6% believe that epilepsy is treatable, and 42.5% preferred treatment by spiritualist.

In Cameroon individuals with epilepsy are viewed as being inhabited by the devil. They are not evil but the devil invades them from time to time and causes them to convulse. In Liberia the cause of epilepsy is by evil spirit or witchcraft. Among the people of Swaziland, sorcery is associated with the condition while the people of Uganda believe it is contagious and can be acquired through an affected person's saliva (Seidenberg, Pulsipher, & Hermann, 2019).

A descriptive cross-sectional study was conducted by Kissani, Moro, and Arib, (2020) among relatives of Patients With Epilepsy in Marrakesh, Morocco on the knowledge, attitude and traditional practices toward epilepsy. A total of 100 participants were recruited for the study. Interviews and questionnaires were used to collect data from the respondents. The study found out that 48%, epilepsy was linked with witchcraft or demonic possession. Seventy-five percent of the respondents had at least one prior consultation to a traditional healer. Only 5% in our study knew the first-aid basics to apply in case of a seizure.

A study conducted by Raymond, (2021) among the 145 Ghanaian population on the causes of epilepsy. The study found that, 48% of the people questioned believed that epilepsy was caused by evil spirits. Twenty percent believed it was as a result of a curse, 9% believed it was caused by natural causes, 11% believed it was caused by sins of relatives, 5% believed

that it was caused by sins of the victims themselves while 3.3% believed it was caused by other factors.

### **2.3 Sources of these perceptions.**

The various perceptions about the causes of epilepsy did not just arise from nowhere. There are various suggestions about what could have precipitated these perceptions among different cultures.

Florence, (2019) conducted a quantitative descriptive study among Nigerians on mental illness and cultural issues in West African films. A total of 200 were recruited via simple random sampling for the study. The study found out that, 68% of the respondents believed that the media is the main source people obtain information about epilepsy from.

The level of education of the traditional society is a basic factor which is influencing the general perception of the society. There is inadequate education on epilepsy and this makes it possible for various societies to develop their perceptions based on their beliefs about the causes of mental illness (Nyame & Biritwum, 2019).

A study conducted by Shafiq (2017), among some citizens of Pakistan on the perception of attitude of people toward epileptic patients. A total of 200 participants were recruited through convenient sampling technique. The findings suggested that, individuals who are not well educated on the causes of the condition, and who think the disease is infectious are those who are more likely to carry out negative attitude towards individuals with epilepsy.

A study conducted by Baruchin (2019), among individuals of Sierra Leone, Freetown came on the relationship between epileptic and education. A total of 100 people were selected using simple random sampling technique. The study found out that individuals who have

received formal education were those likely to say the condition is demonic and make reference to the Bible.

The community we find ourselves in also has an influence on the way we view individuals with disability (Heatherton, Kleck, Hebl, & Hull, 2020).

#### **2.4 The effects of these perceptions on the Epileptic Patient.**

The society in which individuals live is the most important determinant of mental illness or how normal or abnormal one may be. In cases where the society has determined what is normal, all other forms of disabilities or conditions may therefore be considered abnormal resulting in all forms of negative attitude towards these people. It may lead to social and psychological consequences.

One of the major effects of this condition on the patients is stigmatisation. Goffman (2019), categorised stigmatisation into three forms. These are;

- the experience of a mental illness (or the imposition of such a diagnoses)
- a physical form of deformity or an undesired differentness
- an association with a particular race, religion and belief.

Different cultures discriminate based on several issues (Heatherton, Kleck, Hebl, & Hull, 2020). The society as a determinant of mental health has the potential of categorizing individuals into certain groups based on certain features. The labelled individuals are usually subjected to status loss and discrimination (Jacoby, 2022).

In the U.K., more than half of 1,600 randomly selected informants agreed that people with epilepsy are treated differently, including social avoidance and exclusion and they attributed this in part to fears about their unreliability and non-normality (Jacoby, 2022). Over one-fifth

agreed that people with epilepsy have more personality problems than those without the condition (Jacoby, 2022).

A recent survey of 19,000 U.S.A. teenagers indicated many held negative perceptions of people with epilepsy likely a result of lack of familiarity and knowledge (Austin, Shafer, & Deering, 2019).

A study conducted among some university students in Brazil suggested that individuals who are better informed about epilepsy are less likely to exhibit negative attitude towards individuals with the condition. This suggested that carrying out education could go a long way to clarify some aspect of the condition. Also, it is realised that university students and graduates are well informed about the causes of epilepsy (Falavinga, 2017).

There is the perception individual must always be discriminated upon making discrimination seem like an aspect of live individuals must learn to live with (Falola & Heaton, 2017). This may be based on the fact that mental illness is viewed as just a part of reasons why some people discriminate against others with association with a particular race, religion and physical deformities being the other reasons why people discriminate against others.

Malik, et al., (2022) conducted a cross sectional study on the effects of perceived stigma, and discrimination on epilepsy patients' psychological problems such as depression, anxiety and quality of life. The sample consisted of 186 patients with epilepsy. The Stigma Scale, Depression Anxiety Stress Scale, and Quality of life in Epilepsy-10 were used to measure the study variables. The study concluded that Stigma is significantly higher in epileptic patients and has a detrimental effect on the patient's quality of life, recovery, and prognosis. Thus, there is undoubtedly a need to address psychological issues, most notably the stigma associated with illnesses.

This is a real issue in the African society, where the society does not understand why individuals with epilepsy should receive formal education. In another research conducted in Sierra Leone, it was realised that children who had epileptic attacks while in school were sent home and asked not to come to school again. Also, parents with children who did not have epilepsy sometimes withdrew their children from the school if they realised there were children in the school who had epilepsy (Baruchin, 2019).

Another drastic effect of epilepsy is the fear of marrying into such families. There is a general belief that the condition is contagious and can be acquired through several means. One of the ways epilepsy is believed to be transmitted is through the saliva (Coffman, 2018).

A descriptive study was conducted among the people of Germany. A total of 250 people were recruited for the study. It was found that 15% of the respondents would object to their children marrying a person with epilepsy (Tiki, 2019).

Birhanu, (2021) conducted a qualitative cross sectional study on epileptic patients in India. A total of 100 participants were selected for the study. The study concluded that one of the major challenges faced by epileptics is the fear of having seizures in public. Seizures are unpredictable and usually occur in places where there is a crowd. Since individuals do not know when exactly the seizures will start, it limits their activities.

People with epilepsy become disproportionately disadvantaged in the job market. This is due to the belief that the condition is contagious and is caused by demonic possession. There is also the belief that the condition can be acquired through association with individuals affected (Baruchin, 2019).

Another research conducted in Hong Kong documented that, public attitude towards individuals with epilepsy showed that, 22.5% will terminate an employment contract after an epileptic seizure occurs in an employee with unreported epilepsy (Fong & Hung, 2018).

Kaddumukasa, et al., (2023) conducted a phenomenological study among epileptic patients on how epilepsy affects daily life. A total of 200 epileptic patients were used for the study. The findings showed that only about 56 percent of people with epilepsy finish high school and about 15 percent finish college rates much lower than those for the general population. The same survey found that about 25 percent of working-age people with epilepsy are unemployed. These numbers indicate that significant barriers still exist for people with epilepsy in school and work. Restrictions on driving limit the employment opportunities for many people with epilepsy, and many find it difficult to face the misunderstandings and social pressures they encounter in public situations.

## **CHAPTER THREE**

### **MATERIALS AND METHODS**

#### **3.0 Introduction**

This chapter details, the study area and study population, study design, sampling techniques, data collection method and instrument, data analysis techniques, ethical consideration, and the limitations of the study.

#### **3.1 Study area**

The study was conducted at Ayarkorase. Ayarkorase is a suburb of Berekum with very small population in the Bono region of Ghana. The town is known for the Central Methodist church in Berekum. The town has a population of about 10,000 people. The people in the community are mostly farmers who go to the farm from Monday to Saturday. There are no health care facilities in the community so people mostly visit the Holy Family Hospital, Berekum when they are ill.

#### **3.2 The study population**

The target population are all people at Ayarkorase-Berekum community whereas the accessible population are people above 17 years.

#### **3.3 Study design**

A descriptive study design was used for the study. This design was used for the study because there was the need to describe the characteristics of the phenomenon being studied. The design also allows for us to observe the people in their natural and unchanged environment. The data collection in descriptive research allows for the gathering of in-depth information about the research problem.

### **3.4 Sampling technique and Size**

A total of sixty-five (65) people were selected for the study. The respondents were obtained using the convenient sampling method. This method was used because it is inexpensive and respondents are easy to reach. The first sixty-five (65) people who were met in the community from 9:00am to 11:30am were selected.

### **3.5 Data collection methods and instruments**

Data collection was done through the use of structured questionnaires consisting of both closed-ended and open-ended questions for easy expression of views and ideas. This was chosen as the method of data collection because it is relatively cheaper, avoided embarrassment on the part of the respondents, and the complete anonymity of respondents. Questionnaires were shared with the respondents in the community. We explained to them how the questionnaires were to be filled. Each person used a maximum of 20 minutes to complete the questionnaire.

### **3.6 Data analysis techniques**

The data obtained from the study were checked for accuracy, utility, and completeness. The data were coded and analysed using Microsoft Excel and the results were presented in tables or figures.

### **3.7 Ethical consideration**

An introductory letter was sent to the Assemblyman of Ayarkorase community for approval to conduct the study. Participants were informed of the benefits, risks, purpose, and procedure of the study and their right to withdraw from the study at any point without penalty. All participants agreed voluntarily to be part of the study. Respondents were assured of anonymity and confidentiality by not providing any form of identification on the

questionnaire. However, identification codes were used to represent the respondent according to their chronologic entry into the study.

### **3.8 Limitation of the study**

The limitations to this study were, the limited time with which we had to complete the study and the smaller sample size that was chosen for the study. Because the sample size was small, we could not generalize the study findings.

## CHAPTER FOUR

### DATA ANALYSIS AND RESULTS

#### 4.0 Data Presentation & Analysis

This chapter deals with the analysis of data collected from the field of study and the results obtained from the analysis. The study findings are presented in tables or figures.

#### 4.1 Demographic Profile of Respondents

**Table 1: Age Distribution of Respondents**

Variable	Categories	Frequency (n)	Percentage (%)
Age	18-23	20	31
	24-29	24	37
	30-35	10	15
	Above 35	11	17

From Table 1, most of the respondents (37%) were aged between 24-29 years, less than half of the respondents (31%) were aged between 18-23 years. Few of the respondents (17%) were aged above 35 years and 15% were aged between 30-35 years.

**Table 2: Sex Distribution of Respondents**

Variable	Categories	Frequency (n)	Percentage (%)
Sex	Male	29	45
	Female	36	55

The majority of the respondents (55%) were females and 45% were males.

**Table 3: Religion of Respondents**

Variable	Categories	Frequency (n)	Percentage (%)
Marital Status	Christian	49	75
	Islam	16	25
	Traditionalist	0	0

Most of the respondents (75%) were Christians and 25% of the respondent were Muslims.

None of the respondents was Traditionalist.

**Table 4: Marital Status of Respondents**

Variable	Categories	Frequency (n)	Percentage (%)
Marital Status	Single	41	63
	Married	24	37
	Divorced	0	0

Most of the respondents (63%) were single and 37% of the respondent were married. None of the respondents was divorced.

## 4.2 Societal perception about the causes of epilepsy

**Table 5: Knowledge on the causes of epilepsy**

Variable	Categories	Frequency (n)	Percentage (%)
Do you know the cause of your condition	Yes	39	60
	No	26	40

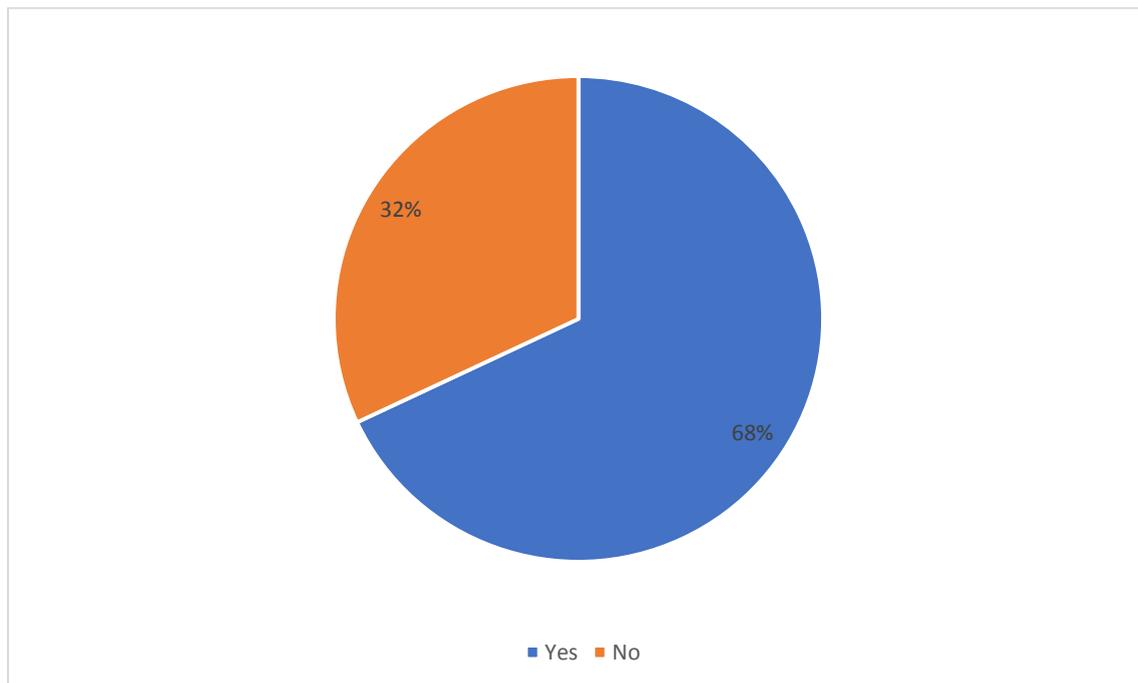
From table 5, majority of the respondents (60%) knew the causes of epilepsy while 40% of the respondents did not know.

**Table 6: Causes of epilepsy**

Variable	Categories	Frequency (n)	Percentage (%)
Causes of Epilepsy	Evil spirit	8	20
	Curse	5	13
	Natural and organic cause	23	59
	Sins of relative/victims	3	8
	Others	0	0

From table 6, majority of the respondents (59%) knew the causes of epilepsy to be natural and organic cause, 20% believed that evil spirit can cause epilepsy, few of the respondent (13%) believed that curse was the cause of epilepsy and only 8% believed epilepsy to be caused by a sin of a relative/victim.

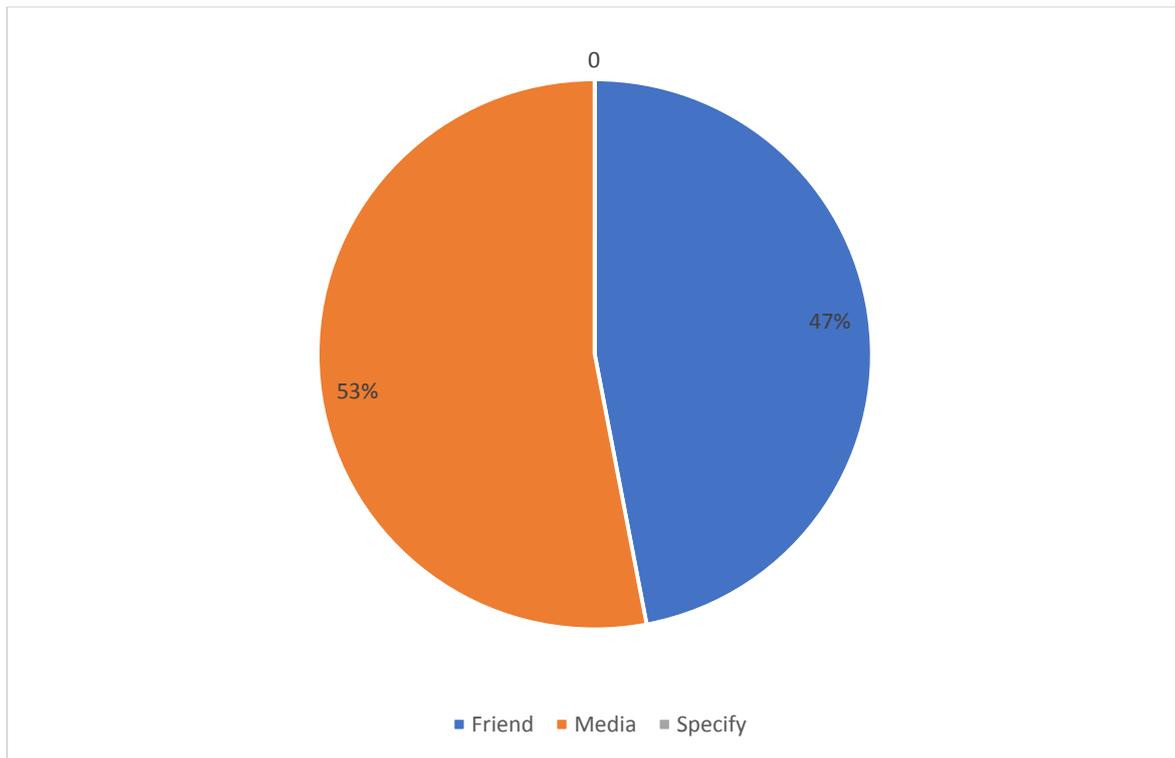
### 4.3 Sources of these perceptions



**Figure 1: Discussion with a friend about the condition**

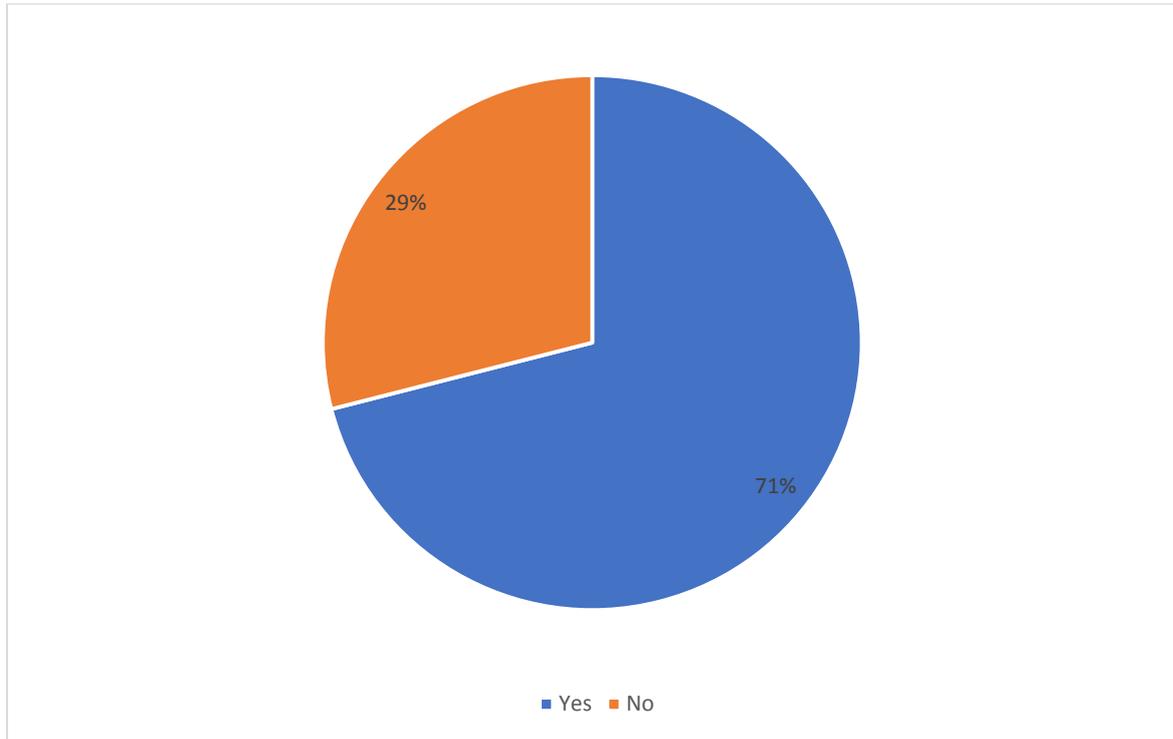
From figure 1, majority of the respondents (68%) indicated they will tell their friends that they have the condition epilepsy while 32% of the respondents indicated they would not tell their friend about their condition.

Respondents were asked to give reasons for their answer. Respondents who indicated Yes gave the following reasons with regards to their answer; for help in times of attack (78%) and for emergency purposes (22%). Respondents who indicated No also gave the following reasons to their answer; because of stigmatization (89%), shyness (4%), embarrassment (5%), and to avoid mockery (2%).



**Figure 2: Source of knowledge**

From figure 2, majority of the respondents (53%) indicated that they heard about epilepsy from the media and 47% of the respondents indicated their friend was source of knowledge about epilepsy.



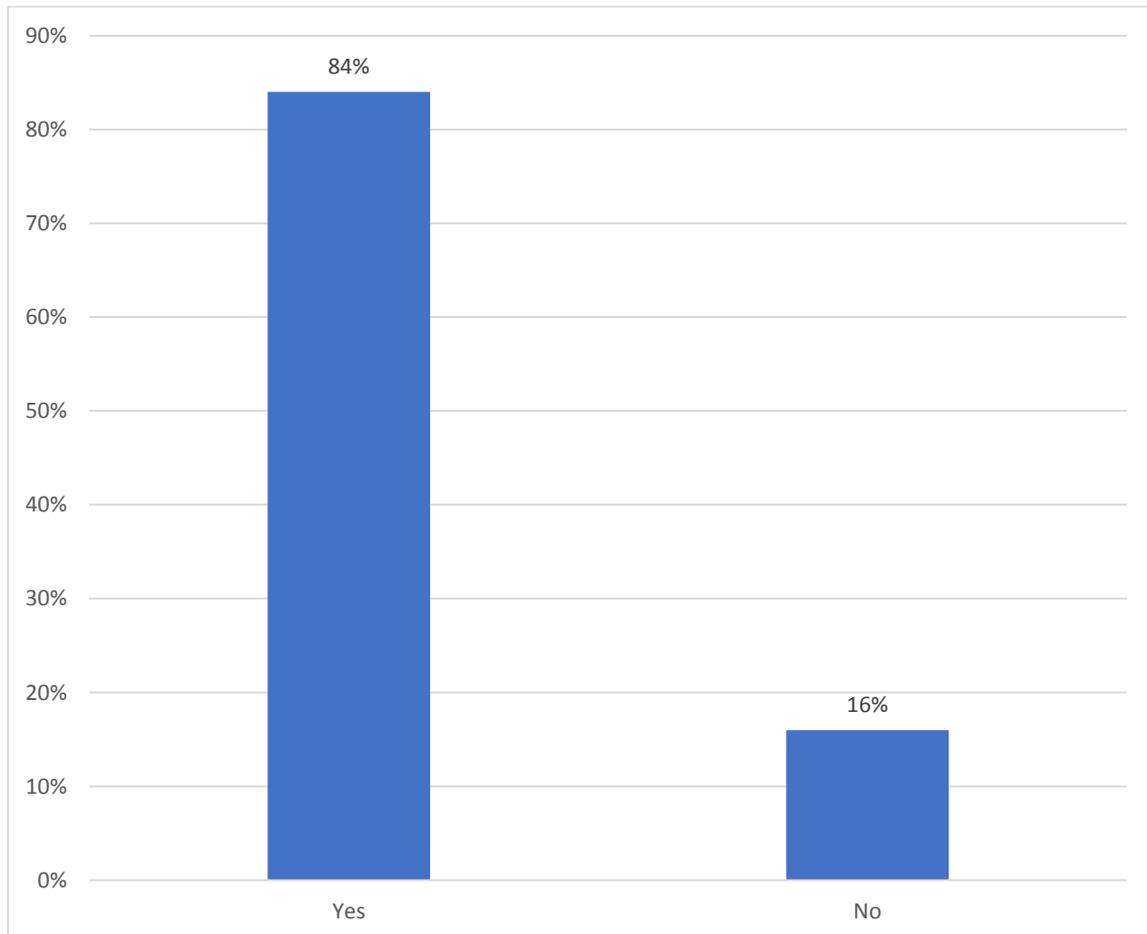
**Figure 3: Comfort in the midst of people**

From figure 3, majority of the respondents (71%) indicated they feel uncomfortable in the midst of people due to their condition (epilepsy) while only 29% indicated they feel comfortable among people despite their condition.

**Table 7: Respondents view on how they feel when seizures occur**

Variable	Categories	Frequency (n)	Percentage (%)
How do you feel when the seizures occur in the midst of people?	Embarrassed	40	62
	Shy	10	15
	Confused	1	2
	Sad	14	21

From table 7, majority of the respondents (62%) feel embarrassed when they get seizures in the midst of people, 21% of the respondents feel sad, few of the respondents (15%) feel shy when seizures occur in the midst of people and only 2% of the respondents become confused.



**Figure 4: Notifying employer about the condition**

From figure 4, respondents were asked whether they would inform their employer about their condition, majority of the respondents (84%) indicated Yes while few of the respondents (16%) indicated that they would not inform their employers about the condition.

**Table 8: Effect of epilepsy on education**

Variable	Categories	Frequency (n)	Percentage (%)
Has the condition affected your education in any way?	Yes	21	32
	No	44	68

From table 8, majority of the respondents (68%) indicated that the condition has not affected their education while 32% indicated the condition (epilepsy) has affected their education.

#### 4.3 Management of epilepsy

**Table 9: Knowledge on treatment**

Variable	Categories	Frequency (n)	Percentage (%)
Do you know of any treatment modalities?	Yes	60	92
	No	5	8

From table 9, majority of the respondents (92%) know the treatment modalities for epilepsy while 8% did not know.

**Table 10: Preferred treatment modality**

Variable	Categories	Frequency (n)	Percentage (%)
Which treatment modality will you prefer?	Traditional healing	1	2
	Orthodox medicine	50	77
	Spiritual healing	14	21

From table 10, majority of the respondents (77%) preferred orthodox medicine in the treatment of epilepsy, 21% of the respondents preferred spiritual healing method and only 2% of the respondents preferred traditional healing method.

**Table 11: When medication is taken**

Variable	Categories	Frequency (n)	Percentage (%)
Which treatment modality will you prefer?	Always	56	86
	Sometimes	7	11
	Only when sick	2	3

From table 11, majority of the respondents (86%) always take in their medicine, few of the respondents (11%) sometimes take in their medicine and only 3% take in their medicine when sick.

Respondents were asked their view on how to reduce the issue of stigmatization, all of the respondents (100%) wrote “there should be public education of the epilepsy and the effect of stigmatization on epileptic patients”.

## CHAPTER FIVE

### DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

#### 5.0 Introduction

This chapter provides an in-depth look at the major findings that emerged out of the research, comparison of the analysed data with findings from other literature, conclusion, and recommendations.

#### 5.1 Discussions

##### 5.1.1 Societal perception about the causes of epilepsy

Majority of the respondents (59%) knew the causes of epilepsy to be natural and organic cause, 20% believed that evil spirit can cause epilepsy, few of the respondent (13%) believed that curse was the cause of epilepsy and only 8% believed epilepsy to be caused by a sin of a relative/victim. This finding is contrary to a study conducted among the people of Cameroon by Seidenberg, Pulsipher and Hermann (2019). The study found out that, in Cameroon individuals with epilepsy are viewed as being inhabited by the devil. They are not evil but the devil invades them from time to time and causes them to convulse. In Liberia the cause of epilepsy is by evil spirit or witchcraft. Among the people of Swaziland, sorcery is associated with the condition while the people of Uganda believe it is contagious and can be acquired through an affected person's saliva.

Again, a descriptive cross-sectional study was conducted by Kissani, Moro, and Arib, (2020) among relatives of patients with Epilepsy in Marrakesh, Morocco on the knowledge, attitude and traditional practices toward epilepsy. A total of 100 participants were recruited for the study. Interviews and questionnaires were used to collect data from the respondents. The study found out that 48%, epilepsy was linked with witchcraft or demonic possession. This study is also contrary to the current study conducted.

Also, a study conducted by Raymond, (2021) among the 145 Ghanaian population on the causes of epilepsy. The study found that, 48% of the people questioned believed that epilepsy was caused by evil spirits. Twenty percent believed it was as a result of a curse, 9% believed it was caused by natural causes, 11% believed it was caused by sins of relatives, 5% believed that it was caused by sins of the victims themselves while 3.3% believed it was caused by other factors. This study is contrary to the current study.

### **5.1.2 Sources of these perceptions**

Majority of the respondents (53%) indicated that they heard about epilepsy from the media and 47% of the respondents indicated their friend was source of knowledge about epilepsy. This finding is in line with a quantitative descriptive study conducted by Florence, (2019). It was found that, 68% of the respondents believed that the media is the main source people obtain information about epilepsy from.

Respondents were asked to give reasons whether they would discuss their condition to their friends; respondents who indicated “No” gave the following reasons to their answer; because of stigmatization (89%), shyness (4%), embarrassment (5%), and to avoid mockery (2%).

This finding is similar to a study conducted by Malik, et al., (2022) on the effects of perceived stigma, and discrimination on epilepsypatients’ psychological problems such as depression, anxiety and quality of life. The study concluded that Stigma is significantly higher in epileptic patients and has a detrimental effect on the patient's quality of life, recovery, and prognosis. Thus, there is undoubtedly a need to address psychological issues, most notably the stigma associated with illnesses.

Majority of the respondents (62%) feel embarrassed when they get seizures in the midst of people, 21% of the respondents feel sad, few of the respondents (15%) feel shy when seizures occur in the midst of people and only 2% of the respondents become confused. This finding

is similar to a study conducted by Birhanu, (2021). The study concluded that one of the major challenges faced by epileptics is the fear of having seizures in public.

### **5.1.3 Management of epilepsy**

Majority of the respondents (77%) preferred orthodox medicine in the treatment of epilepsy, 21% of the respondents preferred spiritual healing method and only 2% of the respondents preferred traditional healing method. This finding is contrary to a cross-sectional study conducted by Adewumi, Oladipo, and Adewuya, (2020) among people living with epilepsy in Nigeria on the public perception and attitude toward. The study found out that only 67.6% believe that epilepsy is treatable, and 42.5% preferred treatment by spiritualist.

Again, a descriptive cross-sectional study was conducted by Kissani, Moro, and Arib, (2020) among relatives of patients with epilepsy in Marrakesh, Morocco on the knowledge, attitude and traditional practices toward epilepsy. The study found out that 75% of the respondents had at least one prior consultation to a traditional healer.

## **5.2 Conclusion**

The following conclusions were drawn from the study;

1. Majority of the respondents (60%) had knowledge on the causes of epilepsy.
2. Majority of the respondents (59%) knew the causes of epilepsy to be natural and organic cause.
3. Majority of the respondents (68%) indicated that they would not tell people about their condition because of stigmatization.
4. Majority of the respondents (62%) feel embarrassed when they get seizures in the midst of people.
5. Most of the respondents (84%) would inform their employers about their condition.

6. Majority of the respondents (77%) preferred orthodox medicine in the treatment of epilepsy.

### **5.3 Recommendations**

Based on the findings of the study, the following recommendations are made.

1. People with epilepsy should be encouraged and educated on the causes and treatment of the disease.
2. There should be education conducted for people within the community on the effects of stigmatization on epileptic patients.
3. Epileptic patients should be encouraged to taken in the medication regularly to prevents episodes of seizure.

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## APPENDICE

### QUESTIONNAIRE

#### HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM

### INTRODUCTION

Dear Respondent,

We are students of the above institution researching the topic: “Societal perceptions of epilepsy and its effects on epileptic clients among people of Ayarkorase-Berekum”.

Kindly answer the under-listed questions by ticking (√) the appropriate box or writing in the space provided. Any information you provide is confidential. Your opinion is neither considered right nor wrong. You can choose to withdraw your participation at any time. It will take approximately 30 minutes to answer this questionnaire. Thank you.

**PLEASE TICK [√] THE APPROPRIATE BOX WHERE APPLICABLE**

#### SECTION A: DEMOGRAPHIC DATA

1. Age: (a) 18 – 23 years [ ] (b) 24 - 29 years[ ] (c) 30 - 35 years[ ] (d) Above 35 years[ ]
2. Sex: (a). Male [ ] (b) Female [ ]
3. Religious background: (a) Christianity [ ] (b) Islamic [ ] (c) Traditional[[ ] (d) other (specify).....

4. Marital status: (a) Single [ ] (b) Married [ ] (c) Divorced [ ] (d) other (specify)

.....

**SECTION B: Societal perception about the causes of epilepsy**

5. Do you know the cause of your condition

a. Yes [ ] b. No [ ]

6. If Yes, what is the cause of Epilepsy?

a. Evil spirits [ ]

b. Curse [ ]

c. Natural and organic causes [ ]

d. Sins of relatives/victims

e. Others specify.....

**SECTION C: Sources of these perceptions.**

7. Will you tell your friends you have this condition?

a. Yes [ ] b. No [ ]

8. Where did you hear about epilepsy from?

a. Friend [ ]

b. Media [ ]

c. Specify .....

9. Do you feel uncomfortable in the midst of people because of your condition?

a. Yes [ ] b. No [ ]

10. How do you feel when the seizures occur in the midst of people?

a. Embarrassed [ ]

b. Shy [ ]

c. Confused [ ]

d. Sad [ ]

11. Will you ever tell your employer about your condition?

a. Yes [ ]      b. No [ ]

12. Has the condition affected your education in any way?

a. Yes [ ]      b. No [ ]

**SECTION D: Management of epilepsy**

13. Do you know of any treatment modalities?

a. Yes [ ]      b. No [ ]

14. Which treatment modality do you prefer?

a. Traditional healing [ ]

b. Orthodox medicine [ ]

c. Spiritual healing [ ]

15. How often do you take your medication?

a. Always [ ]      b. Sometimes [ ]      c. Only when am sick [ ]

16. Do you experience any challenge about the treatment?

a. Yes [ ]      b. No [ ]

17. If yes, (Specify)

.....

.....

NATIONAL CATHOLIC HEALTH SERVICE (DIOCESE OF SUNYANI)  
**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE**  
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Our Ref. ....

Your Ref. ....

Date .....

August 13, 2024

The Assemblyman  
Ayarkorase Community  
Berekum Municipality  
Bono Region

Dear Honorable Assemblyman

**PERMISSION TO CONDUCT RESEARCH**

\* I wish to introduce to you the under listed names of final-year students of the College:

1. Addai Yeboah Benedicta
2. Tabiri Prince

As part of the pre-requisite for the award of Diploma in Nursing, they are to conduct a research study on the topic "A Descriptive Study to Determine the Societal Perceptions of Epilepsy and its Effect on Epileptic Clients among people of Ayarkorase- Berekum."

I would be grateful if you could assist them with any material or help they may need to accomplish the task.

Thank you.

Yours faithfully

.....  
**Mr. Obeng Eric**  
Supervisor  
For: Principal