



## "KNOWLEDGE, ATTITUDE AND PRACTICE AMONG CAREGIVERS OF PATIENTS OF EPILEPSY ATTENDING TERTIARY HEALTH CARE CENTRE, MALWA REGION: A PILOT STUDY"

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### ABSTRACT

**Objectives:** This study was conducted to find out knowledge, attitude and practice (KAP) of epilepsy among non epileptic persons attending tertiary health centre of Malwa region suffering from illness and Secondary data from this study was compared with KAP studies from other parts of country.

**Material and Methods:** six hundred and forty non epileptic persons attending OPDs of Mental Hospital Indore, Department of psychiatry, MGM Medical College, Indore, Madhya Pradesh were selected randomly. Printed questionnaire having answer yes or no were used for assessment of KAP. This questionnaire was used by various authors and validated for KAP analysis.

**Results:** It was revealed that word epilepsy was heard by 94% of persons, 64% thought that epilepsy is a mental illness. Twenty three percent believe it to be contagious disease while 21% attribute it to previous life sin. Social discrimination was favored by 53% persons. Negative attitude is shown as more than half persons stated that epilepsy is hindrance to marriage and occupation. Holy treatment by tantric or priest was favored by 20% persons. More than one third persons use onion, shoe or splash water on face to terminate seizure episode.

**Conclusion:** Study on persons of attending health centre revealed poor KAP for epilepsy and require more structured and gross root level seated educational programme to spread awareness about illness and availability of effective treatment regimes and remove misconception as well.

**KEYWORDS :** Knowledge; Attitude; Practice; Epilepsy

### Introduction

Epilepsy is one of the most common neurological disorders in the world. More than 50 million people worldwide live with epilepsy, and 80% live in economically backward and developing countries (1). The estimated prevalence rates for epilepsy suggest that about 6 to 10 million people live with epilepsy in India (1).

Seizures can result from many different conditions that affect the brain, including stroke, complications during childbirth, infections, and head trauma (2). Seizures also can occur in response to disturbances not directly related to the central nervous system, such as hypoxia, toxins, or fever (2-4), and also may be attributable to heredity (2).

Myths and misconception in epilepsy are deeply rooted and resulted in considerable stigma and discrimination about the disease in society (3,4,5). Stigma attached to epilepsy and misconception about the disease are often more devastating than the disease itself (6). Stigma to epilepsy not only influence the treatment of disease, but also affect education, employment, marriage, child bearing, discrimination at school, jobs and family. Stigma about epilepsy is more in developing countries as compared to developed world (6).

### Aims and Objectives

The aim of this study is to obtain information on KAP of people of Malwa geographical region and compare with Indian data. The finding of this study may provide the base to start comprehensive epilepsy program to improve public awareness about the disease along with available antiepileptic drugs for treatment and better disease control.

### Material and Methods

This is cross sectional survey was conducted at Mental hospital Indore. This institute is only tertiary health centre in Malwa region which is catering all social classes from different socio-economic status. The study population included 640 adult non epileptic persons attending outpatient department (OPD) at our hospital during the period of 6 months (January- June 2017). The selected persons are attendants of non-epileptic patients from OPDs. Selection of study population done by non purposive sampling

from regular outpatient department of Mental hospital Indore. After obtaining informed verbal consent peoples were administered a questionnaire (table- 1) assessing the KAP of recruited population. Since recruited population belongs to Hindi speaking area the questionnaire was translated in Hindi language and then back translated for final analysis. Based on previous studies the KAP questionnaire comprising of 23 questions with yes or no response were utilized (5,8). Question 1-7 indicate knowledge, 8-14 attitude and 15-23 indicate practice about epilepsy.

The total of 640 individuals participated in study. They study group comprised of 330 males and 310 females. Age ranged from 18 to 65 years. Response to KAP questionnaire is summarized in table-1

### Results

**KNOWLEDGE :-** Majority of persons (92%) were heard or read about epilepsy. Half of them knew at least 1 person of epilepsy. Regarding cause of epilepsy 64% believe that epilepsy is an organic brain disorder while 70% believe that epilepsy is a mental problem. Prevalent misconceptions were that epilepsy is a result of previous life sin (20%), contagious (15%) and is hereditary disorder (52%).

**ATTITUDE :-** 75% persons thought that epilepsy creates hindrance in normal life of patients. Almost half persons believe that person with epilepsy should not marry (49%) or may not have normal sexual relations (60%). 32% percent persons were against education of epileptic patient while 60% believe that epileptic persons should not work. Fifty percent persons believe that society should behave differently with a person with epilepsy. About 25% persons would object their kids to play or study with epileptic child.

**PRACTICE :-** 57% percent persons believe that allopathic medications are effective in treatment of epilepsy. Holy treatment with worship (20%) and tantric (20%) were also believed to be effective in treatment of epilepsy. Regarding first aid treatment, 66% would prefer to take the patient to hospital. However, 50% would sprinkle water on face and even 23% and 20% would give bunch of keys in hand or put shoes or onion on nose of patient respectively.

### Discussion

An attempt has been made to access the Knowledge Attitude and

Practice (KAP) of epilepsy in Malwa region of central India. Findings in our study were suggestive of worse pattern of KAP when compared with other studies from India (Table1). The word epilepsy was heard by 94% of persons, similar to other studies (8). Nearly 21% persons believe that epilepsy is a result of previous life sin and almost same believe that it is contagious disease. This number is surprisingly high as compared to other studies done at Uttarakhand (8), Kerala (9) and Delhi (10). Very high number of persons of Malwa believe that epilepsy is mental illness (58%) or familial disease (43.5%) which is higher in comparison to study from Delhi (14.2% and 3.3% respectively) (10). Probable explanation for this difference is poor literacy and lack of awareness programs in this region. The attitude towards epilepsy among the population of Malwa is far more negative than other parts of country. Social discrimination with epileptic patients was favored by 53% of persons. About 20% persons would not allow to play or study their child with epileptic child. This number is significantly higher as compared to other study from Kerala (11%)(5) and Uttarakhand (13%)(8). In other population surveys from developing countries like China (11) and Kuwait (12) 57% and 28% would oppose playing with child with epilepsy respectively while in developed countries like Finland, USA and Italy this figure ranged from 8 to 19% (10). This attitude in our population may be related to their belief that epilepsy is mental and contagious illness and due to more social backwardness in this region. Fifty four percent persons were against marriage of patient with epilepsy. Almost same number (58%) thought that they would not have normal sexual life. This is very high as compared to other studies (5, 10). Regarding marriage issues, usual practice in many parts of India including Malwa is that parents hide the information about epilepsy before marriage due to stigma attached to it. Almost 2/3rd persons believe that epilepsy result in hindrance in education (62%) and occupation (64%) while this number was less in other parts of India. Several times it is seen that parents and school teachers' compel the student with epilepsy to remain away from school. In a study on school teachers from north east India 20% teachers prefer to place epileptic child in special classroom (13). In rural Tanzania 68% of parents would not allow the child with epilepsy to go to school (14). Only 34% persons believe that person with epilepsy can be employed when compared with national range of 54% to 91% (10). About 20% persons preferred faith healers or tantric for treatment of epilepsy which is comparable to other studies. Responder who opted for this method was mostly those who believe that disorder was a result of previous life sin or affliction by evil spirit. Fifty eight percent respondents believe that Ayurveda is beneficial for treatment of epilepsy. Ayurveda and other alternate systems of medicine are widely practiced and popular in Malwa region. They also believe that allopathic medicines have many side effects (61%). For first aid treatment, majority of persons (68%) would prefer to take the patient to hospital. Absurd measures like putting the keys in the hands of patient (25.5%) or put water on the face (49.5%) or put shoe or onion on nose(26%) of patient is also noted. If we compare from other studies from Delhi and Uttarakhand and south India, less number of persons used these non scientific measures for seizure termination due to better literacy status and social awareness programme. Change in public attitude towards epilepsy does occur, albeit slowly. This is exemplified from study from Jaipur, North-West India where an improvement in public attitude was observed over a period of 4 years in people of epilepsy who were regularly provided health education at follow up visits (3).

**Conclusion**

Finding from our study suggests that KAP for epilepsy in Malwa is very poor in comparison to other parts of country. Large proportion of persons was of belief that epilepsy is mental disease, it runs in family and a person with epilepsy should not be married or employed. Wrong practice like use of onion and shoe for acute attacks is still common in this region.

**Recommendation**

Epilepsy is a disease with a high degree of stigma and prejudice and the success of treatment depends very much on treatment compliance and the understanding of nature of disorder. A positive

attitude not only help in generating self confidence among epileptics but also help in better compliance to therapy leading to more effective control of seizures. Requirement of special educational program was felt to dispel myths and misconceptions about epilepsy. Clinicians in this region also need to spend some extra time from their busy schedule while addressing social issue to the public.

**Limitation of the study**

This is a hospital based study and so the study findings could not be extrapolated to the community.

**Relevance of the study**

Further community based studies are required to determine exact KAP of epilepsy in Malwa region.

<b>KAP questionnaire</b>		ITEM	YES/NO
1.	Have you heard/ read about epilepsy?		
2.	Do you know an person with epilepsy?		
3.	Is epilepsy a mental illness?		
4.	Is epilepsy an organic brain problem?		
5.	Is epilepsy known to occur in family?		
6.	Is epilepsy result of previous life sins		
7.	Can epilepsy spread by contact?		
8.	Epilepsy creates hindrance in normal life.		
9.	A person with epilepsy should not marry		
10.	A person with epilepsy will not have normal sexual relations.		
11.	A person with epilepsy should not study		
12.	A person with epilepsy should not work		
13.	Society should behave differently with a person with epilepsy		
14.	Would you like to object to play/study with an epileptic child?		
15.	Can epilepsy be treated by allopathic medicines?		
16.	Is Ayurveda treatment the only option for epilepsy?		
17.	Does an epileptic patient need lifelong treatment?		
18.	A epileptic person should not leave even a single tablet?]		
19.	Drugs used in epilepsy have many side effects.		
20.	Can epilepsy be cured?		
21.	Holy treatment e.g. tantric is good for epilepsy?		
22.	Priest can treat epilepsy better?		
23.	If you see a person with epileptic fit what will you do		
	a. will go to hospital		
	b. will give bunch of keys in hand		
	c. will put some water on his face or		
	d. will put shoe or onion on his nose		

**TABLE. 1**  
**Showing the questionnaire and responses in current and two other studies from India**

S. NO.	Items	Current study In %	Pandian et. Al (2006), %	Gourie Devi et al, (2010), %
1	Have you heard/ read about epilepsy	90%	97.7%	94
2	Do you know an person with epilepsy?	49%	43.1%	14
3	Is epilepsy a mental illness ?	64%	59%	55
4	Is epilepsy an organic brain problem?	70%	50.4%	3.3

5	Is epilepsy known to occur in family?	52%	39	0.8
6	Is epilepsy result of previous life sins	20%	13.9	20.9
7	Can epilepsy spread by contact?	15%	62.4	
8	Epilepsy creates hindrance in normal life.	75%	62	10.8
9	A person with epilepsy should not marry	49%	58	7.5
10	A person with epilepsy will not have normal sexual relations.	60%	43.2	18.3
11	A person with epilepsy should not study	32%	40	9.2
12	A person with epilepsy should not work	60%	29	--
13	Society should behave differently with a person with epilepsy	50%	13	5
14	Would you like to object to play/study with an epileptic child?	25%	13	91.7
15	Can epilepsy be treated by allopathic medicines?	57%	55	2.5
16	Is Ayurveda treatment the only option for epilepsy?	60%	59	----
17	Does an epileptic patient need lifelong treatment?	60%	35	----
18	A epileptic person should not leave even a single tablet?	50%	60	----
19	Drugs used in epilepsy have many side effects.	55%	55	----
20	Can epilepsy be cured?	70%	47	----
21	Holy treatment e.g. tantric is good for epilepsy?	20%	22	19.2
22	Priest can treat epilepsy better?	20%	39	----
23	If you see a person with epileptic fit what will you do			
	will go to hospital	66%	62	96
	will give bunch of keys in hand	23%	7.5	5.8
	will put some water on his face	50%	23	---
	will put shoe or onion on his nose	20%	--	12.5

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