



Knowledge and Attitudes towards Epilepsy among Parents in Osogbo Lga Osun State, Nigeria

Prince Nnamdi John ¹, Olushola-Jimoh, Tolulope Adebanye ², Abdulrahman Kolawole Yaya ³,
Francis Adeniyi Balogun JP ⁴, Olasunkanmi Ridwan. A ⁵, Ayinde Abayomi Oluwasegun ⁶

¹ (MBBS, Msc Public Health and Health Promotion (MPHHP) Swansea University, Abertawe, Wales United Kingdom

² Public Health Departments, Lead City University Ibadan, Nigeria

³ Kwara State College of Health Technology, Offa

⁴ Lead City University, Ibadan, Nigeria, Faculty of Basic Medical and Health Science, (RCHP) Community Health Department

⁵ University of Ibadan, Faculty of Public Health

⁶ University of Ibadan (Public Health Epidemiology)

Abstract: Background Epilepsy is a disease characterized by abnormal brain activities causing seizures or unusual behavior, feelings and sometimes loss of awareness. It has neurological, cognitive, psychological and social after-effects and it affects people of all ages, race, social classes, and geographical location. It constitutes a major portion of the global burden of disease, affecting around 50 million people worldwide. This study therefore aims to explore the knowledge and attitudes towards epilepsy among parents in Osogbo LGA Osun state, Nigeria.

MATERIALS AND METHODS: A descriptive cross-sectional study design was used and 234 participants living in Osogbo Local Government Area were used. The data collected was on knowledge of and attitude towards epilepsy. Data was analyzed using SPSS version 23. Chi square and binary logistic regression were used.

RESULTS: Most respondents (94%) have heard of epilepsy with their main sources of information from mass media, health worker, relations/friends and internet. 95.3% of respondents had good knowledge of epilepsy, while 59% had positive attitude to epilepsy. Predictors of respondents' attitude towards people living with epilepsy, respondents with age group of 36-45 years (OR= 0.316, CI= 0.146 – 0.686, P= 0.004). Also respondents with good knowledge are eight times more likely (8.597) to have poor attitude towards people living with epilepsy.

CONCLUSION: In conclusion, parents living in Osogbo local government area as represented by the study sample have a good level of knowledge on epilepsy and good attitude towards epilepsy in general. There is still a need for continuous community education about epilepsy with the aim of improving the knowledge and attitude of members of the community towards the disease

Keywords: Epilepsy, Knowledge and Attitude.

BACKGROUND

Epilepsy is a disease characterized by abnormal brain activities causing seizures or unusual behavior, feelings and sometimes loss of awareness. It has neurological, cognitive, psychological and social after-effects and it affects people of all ages, race, social classes, and geographical location. It constitutes a major portion of the global burden of disease, affecting around 50 million people worldwide (World Health Organization 2019). Epilepsy is a chronic neurological disorder characterized by unpredicted, periodic seizures (Fiest KM et al., 2017).

The prevalence rate of epilepsy in children ranges from 3.2% to 5.5% in developed countries and 3.6% to 4.4% in underdeveloped countries (Camfield P, Camfield C 2015), which is mostly related to underlying genetic conditions or brain injuries at childbirth, etc. Previous studies have shown that about 30% of children with epilepsy still had seizures after antiepileptic drug (AED) therapy (Moosa Anv. 2015). The number of people with epilepsy is increasing due to rising life expectancy worldwide and an increasing number of people surviving insults which lead to epilepsy, such as birth trauma, traumatic brain injury (TBI), infections of brain and stroke (World Health Organization 2019).

In African continent, epilepsy remains a major public health problem, not only because of impact on health but also the socio-cultural, psychological, and economic impact. Active epilepsy is estimated to affect 4.4 million people in Sub-Saharan Africa (SSA), whilst lifetime epilepsy is estimated to affect 5.4 million with the peak in the third decade of life (A. Paul et al., 2012)

The importance of addressing epilepsy was also underlined in a World Health Assembly resolution on the global burden of epilepsy in 2015. The resolution requests that WHO provide technical support to countries for epilepsy management, especially those with the lowest access to services and resources, where the burden of epilepsy is greatest. (WHO World health organization. 2019).

These underlying genetics or metabolic conditions, along with poor seizure control, will have negative effects on their cerebral and psychological development. However, it has been suggested that the most weakened CWE are not necessarily those who have the most constant seizure attacks, but those who do not get sufficient social support (Kinariwalla N and Sen A. 2016). Parents are undisputed the main source of social support (Mahon NE, and Yarcheski A 2017). Apart from offering financial support for antiepileptic drug (AED), their attitudes toward epilepsy will directly affect the CWE's perception of epilepsy (Siqueira NF et al., 2015) since CWE are too young to get independent and comprehensive views of epilepsy, and cultural restrictions often lead to unsound judgment. Incomplete perception of epilepsy will place them at elevated risk for physiological complications including mental discomfort related to education, marriage, employment, and social life (Tsuji S. 2004). Hence few work in epilepsy before found more severe symptoms of anxiety and depression and poorer sleep quality among parents of CWE, especially in the infants group (Yang HJ et al., 2020). they believe that mental stress may stem from the pessimism or attitudes toward epilepsy, and the increasing mental stress may in turn aggravate stigma and negative attitudes. This theory highlights the importance of evaluating CWE parents' attitudes toward epilepsy and identifying related factors for positive intervention to promote the efficacy of long-term treatment and reduce the risk of mental disorders.

The physical, psychological and social sequelae of epilepsy lay large burden on people living with epilepsy and their families. Around the world, people with epilepsy and their families experience stigma and discrimination, they constantly face severe hardship in schooling, working, conjugality and reproduction and epilepsy causes low self-esteem and prevent people from being social. About 80% of people living with epilepsy live in low and middle- income countries (LMICs), where there is poor access to care. (World Health Organization 2018). In low and middle-income countries of Africa, that have the greatest number of the world's population under age of 15 (Baingana Fk, & Bos ER.,2012), children with epilepsy suffer especially poor health outcomes and have high risk of serious comorbidities and injuries (Keezer M.R et al., 2016). Epilepsy is one of the most common neurological disease, with prevalence rate varying from 2.8 to 19.5/1000 in the general population (Owolabi LF et al.,2019). Epilepsy is still concealed in misinformation and misbelieve

(Kaddumukasa M et al., 2018) The Sustainable Development Goals (SDGs), which sought to achieve universal economic, social and environmental sustainable development by 2030, will not be realized without investment in physical and mental health for all people, including those living with epilepsy. (World Health Organization 2019).

Seizures may be associated with fever or may occur without it. Seizures associated with fever occur mainly in children below the age of five years and are referred to as febrile convulsions or febrile seizures, epilepsy is generally defined as a clinical conditions characterized by the occurrence of two or more episodes of a febrile seizures or convulsions (Patel N et al., 2015).

Epilepsy is not contagious. Although many underlying disease mechanisms can lead to epilepsy, the causes of epilepsy are mainly due to brain damage from prenatal or perinatal causes (e.g. a loss of oxygen or trauma during birth, low birth weight), congenital abnormalities or genetic conditions with associated brain malformations and a severe head injury. Preventing head injury is the most effective way to prevent post-traumatic epilepsy. Adequate perinatal care can reduce new cases of epilepsy caused by birth injury (World Health Organization 2018).

PROBLEM STATEMENT

Epilepsy accounts for a significant proportion of the world's disease burden, affecting around 50 million people worldwide. The estimated proportion of the general population with active epilepsy (i.e. continuous seizures or with the need for treatment) at a given time is between 4 and 10 per 1000 people (World Health Organization 2018)

In 2018, the WHO joined efforts with the International League Against Epilepsy and IBE to create the first WHO global report on epilepsy: "Epilepsy: A Public Health Imperative (World Health Organization 2019). However, the ILAE and IBE also recognize that comprehensive and inclusive advocacy actions require multilateral initiatives involving global partners with the capacity to reach local health service decision-makers and grassroots organizations. For decades, the advocacy endeavors of the ILAE and IBE have engaged the WHO in constructing a growing "Global Burden of Epilepsy and the Need for Coordinated Action at the Country Level to Address Its Health, Social and Public Knowledge Implications." Endorsed by all 194 WHO member states. This historic resolution consists of four sections: (1) recognition of the global burden of epilepsy; (2) need for country-level actions such as urging member states to take specific actions in the areas of health policy, health care action plans, health care coverage, education and research, and public engagement; (3) an invitation for multilateral engagement; and (4) a call for the WHO secretariat to improve health information and surveillance systems to get a clearer picture of the global burden of epilepsy and its economic impact, as well as to measure progress in improving access to care for people with epilepsy (Covanis A et al., 2015).

Globally, an estimated 5 million people are diagnosed with epilepsy each year. In high-income countries, there are estimated to be 49 per 100 000 people diagnosed with epilepsy each year. In low- and middle-income countries, this figure can be as high as 139 per 100 000. This is likely due to the increased risk of endemic conditions such as malaria or neurocysticercosis; the higher incidence of road traffic injuries; birth-related injuries; and variations in medical infrastructure, the availability of preventive health programs and accessible care. Close to 80% of people with epilepsy live in low- and middle-income countries (World Health Organization 2018).

Its burden include a time based measure that combines years of life lost due to premature mortality and lived in less than full health. Thus, epilepsy has significant economic implications in terms of health-care needs, premature death and lost work productivity (World Health Organization 2018).

JUSTIFICATION OF THE STUDY

Studies indicate epilepsy accounts for a significant proportion of the world's disease burden and it is of public health importance. Although, several studies have reported high level of awareness in various population, the reported misconceptions, religious and cultural beliefs about the cause and management of epilepsy and stigma experience of people with epilepsy have made the life of these people miserable indicating urgent need to address these research findings (Ibor, E.K et al., 2018).

Epilepsy in Nigeria as in most parts of sub-Saharan Africa (SSA) has only been superficially researched.

Survey on parent's knowledge and attitude towards people living with epilepsy is useful in decreasing discrimination; in general, it is believed that measures put in place to improve knowledge about epilepsy in the general public should reduce prejudices. Identifying the basis for misunderstanding and misconception, which usually form the basis for discrimination and stigma, in our environment, will serve as a springboard to launch programs or campaigns specifically targeted towards addressing them.

Few studies have investigated the problems of the knowledge and attitudes of the general public, and especially the parents, towards epilepsy in Nigeria. This study, therefore, aims to provide information about the knowledge and attitudes of these critical members of the population towards epilepsy

RESEARCH QUESTIONS

1. What is the knowledge of epilepsy among parents in Osogbo LGA Osun state, Nigeria?
2. What is the attitude towards epilepsy among parents in Osogbo LGA Osun state, Nigeria?
3. What are the factors that influences parent's attitude towards epilepsy in Osogbo LGA Osun state, Nigeria?

AIMS AND OBJECTIVES

General Objective: The general objective of this study was to explore the knowledge and attitudes towards epilepsy among parents in Osogbo LGA Osun state, Nigeria.

Specific objectives:

1. To assess the knowledge of epilepsy among parents in Osogbo LGA Osun state, Nigeria.
2. To assess the attitude towards epilepsy among parents in Osogbo LGA Osun state, Nigeria.
3. To investigate the factors that influence parent's attitude towards epilepsy in Osogbo LGA Osun state, Nigeria.

Hypothesis Testing

1. H₀: There is no significant association between knowledge and attitude towards epilepsy among parents in Osogbo LGA Osun state, Nigeria
2. H₁: There is a significant association between knowledge and attitudes towards epilepsy among parents in Osogbo LGA Osun state, Nigeria

MATERIALS AND METHODS

STUDY AREA

This study was conducted in Osun State. Osun is one of the states in southwestern Nigeria, with a population of about 4.4 million (NPC, 2022). There are 3 senatorial districts distributed among 30 Local Government Areas (LGAs) with Area council at Ife. There are 2 teaching hospitals, nine general hospitals, and numerous Primary Health Care centers and private hospitals providing primary care services in Osun state. This study was carried out in Osogbo, Osun State Nigeria. Osogbo the capital city of Osun State. There are 3 local Government Area within Osogbo namely Olorunda, Osogbo and Egbedore Local Government Areas. Cross sectional study design was adopted to determine the knowledge and attitudes towards epilepsy among parents in Osogbo LGA Osun state, Nigeria. The target population of this study include only parent living in Osogbo local government area, Osun State. Multistage sampling technique was used as the sampling technique to select the participants.

Data Analysis

The data collected was coded, cleans, computed and analyzed using SPSS version 23.0 (Statistical Product and Service Solution version 23.0). Descriptive analysis was used and data was presented in frequency tables and percentages and inferential statistics such as the chi square test to determine the level of association between two categorical variables that is respondents' socio-demographic characteristics and the knowledge and attitudes among parent towards epilepsy in Osogbo local government area, Osun state, Nigeria.

Binary logistic regression was used to identify the knowledge and attitude among the respondents with P value < 0.05 & confidence interval = 95%.

ETHICAL CONSIDERATION

Ethical clearance was obtained from the Health Research and Ethics Committee. Verbal Consent were also obtained from respondents after the reason for the study had been explained to them. The respondents were assured of confidentiality and security of data. They were also assured that they can decline participation in the research without any prejudice, before questionnaires were administered.

RESULTS 4.1. Table 1: Socio-Demographic Characteristics of Respondents (N=234)

VARIABLE	SUB VARIABLE	FREQUENCY	PERCENTAGE
Age group	19-29years	13	5.6
	30-39 years	95	40.6
	40-49 years	73	31.2
	50 and above	53	22.6
Level of Education	None	49	20.9
	Primary	1	0.4
	Secondary	14	6
	Tertiary	170	72.6
Ethnicity	Yoruba	194	82.9
	Hausa	15	6.4
	Igbo	22	9.4
	Others	3	1.3
Occupation	Employed	67	28.6
	Self-employed	132	56.4
	Unemployed	35	15.0
Religion	Islam	66	28.2
	Christianity	158	67.5
Marital Status	Single	35	15.0
	Married	177	75.6
	Divorced	14	6
	Widower	8	3.4
Sex	Male	87	37.2
	Female	147	62.8

Table 1 above shows socio-demographic characteristics of respondents. Majority of the respondents had tertiary education (72.6%), majority originated from Yoruba tribe (82.9%). More than half (56.4%) were self-employed, and 15.0% of them were unemployed. About two-third (67.2%) practiced Christianity as a religion, 28.4% practiced Islam, while others practiced the traditional religion. Also, majority (75.4%) were married and 62.9% of them were female

4.2. Table 2: Knowledge of Respondents on Epilepsy (N=234)

Variable	Sub-variable	Frequency	Percentage
Have you Heard of Epilepsy	Yes	220	94
	No	14	6
Source of information (N=220)			
Mass Media	Yes	157	71.4
	No	63	28.6
Health worker/Practitioner	Yes	116	52.7
	No	104	47.3
Relations/Friends	Yes	138	62.7
	No	82	37.3
Internet	Yes	126	57.3
	No	94	42.7
Risk factor			
Family History	Yes	128	54.7
	No	106	45.3
Head Injuries	Yes	38	16.2
	No	196	83.8
Brain Abnormalities	Yes	57	24.4
	No	177	75.6
Prenatal Injury	Yes	40	17.1
	No	194	82.9
Infections	Yes	49	20.9
	No	185	79.1
Is Epilepsy Contagious	Yes	84	35.9
	No	90	38.5
	I don't know	60	25.6
Table 2b: Knowledge of Respondents on Epilepsy			
If yes, it can be transmitted through(N=84)			
Sexual Route	Yes	11	13.1
	No	73	86.9
Shaking Hands	Yes	11	13.1
	No	73	86.9
Sharing Plate	Yes	3	3.6
	No	81	96.4
Kissing	Yes	21	25
	No	63	75
Sneezing	Yes	33	39.3
	No	51	60.7
Spiritual Attack	Yes	51	21.8
	No	183	78.2
Causes of mental disorder			
Mental disorder	Yes	53	22.6
	No	181	77.4
Lizard	Yes	69	29.5
	No	165	70.5
Inherited disorder	Yes	55	23.5

	No	179	76.5
I don't know	Yes	64	27.4
	No	170	72.6
Presentation of epilepsy			
Jerking of The Body	Yes	72	30.8
	No	162	69.2
Loss of Consciousness	Yes	67	28.6
	No	167	71.4
Table 2c:			
Abnormal behavior	Yes	18	7.7
	No	216	92.3
Convulsion	Yes	82	35
	No	152	65
Foaming from the mouth	Yes	167	71.4
	No	67	28.6
Do you consider epilepsy as a treatable illness	Yes	158	67.5
	No	15	6.4
	I don't know	61	26.1
Who can treat epilepsy			
Doctors	Yes	121	51.7
	No	113	48.3
Alfas	Yes	44	18.8
	No	190	81.2
Herbalist	Yes	79	33.8
	No	155	66.2
Pastors	Yes	46	19.7
	No	188	80.3
What will you do when someone is convulsing			
Move the person away from harm	Yes	110	47
	No	124	53
Put something into the mouth	Yes	42	17.9
	No	192	82.1
Call a doctor as fast as possible	Yes	141	60.3
	No	93	39.7
Run away	Yes	14	6
	No	220	94
Table 2d:			
Start praying	Yes	25	10.7
	No	209	89.3
Have You Seen a Person Convulsing Before			
	Yes	113	48.3
	No	91	38.9
	I don't know	30	12.8
Is epilepsy a mental disease	Yes	89	38
	No	58	24.8
	I don't know	87	37.2
Do people discriminate those with epilepsy	Yes	171	73.1
	No	20	8.5
	I don't know	43	18.4
Epilepsy is common in urban than rural area	Yes	43	18.4
	No	70	29.9
	I don't know	121	51.7

Epilepsy can lead to depression	Yes	171	73.1
	No	13	5.6
	I don't know	50	21.4
Can epilepsy kill	Yes	116	49.6
	No	36	15.4
	I don't know	82	35

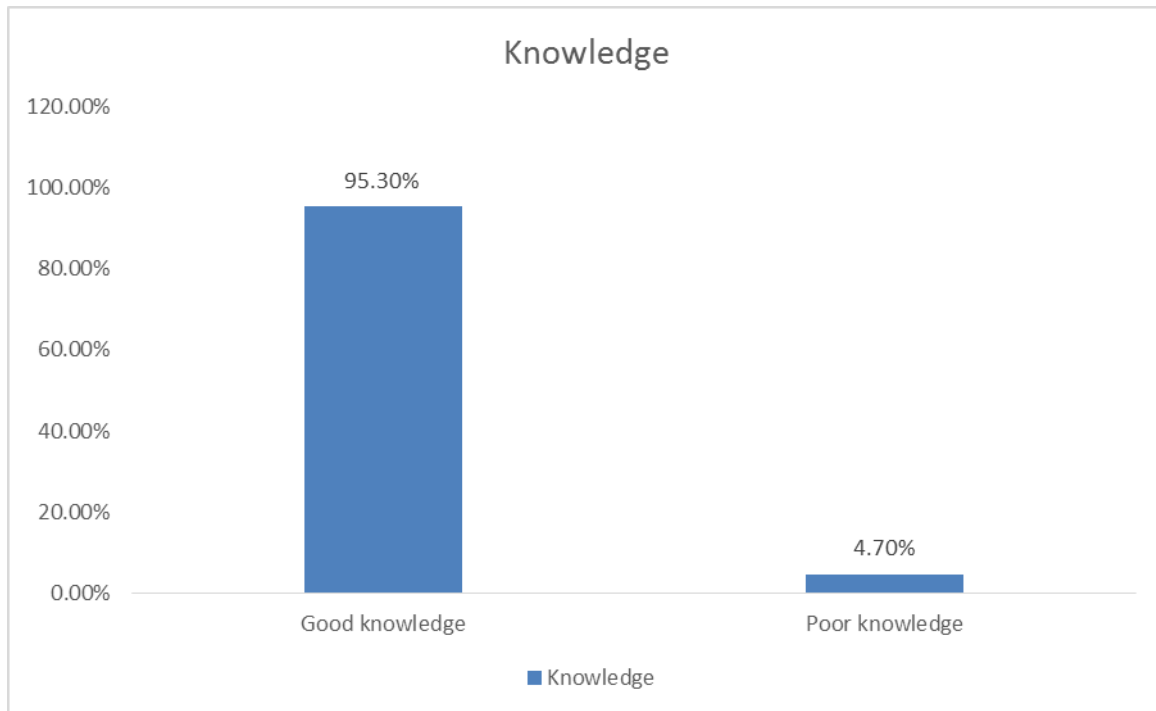


Fig.1: Categorized knowledge of respondents on epilepsy

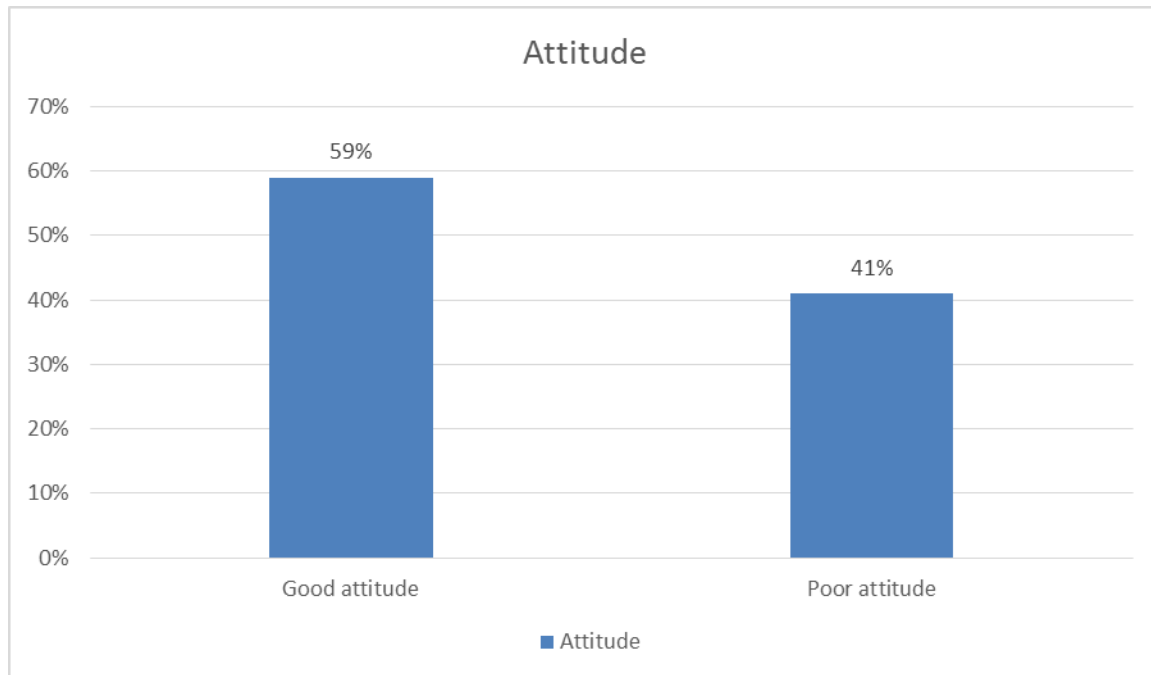
Fig.1 shows majority of the respondents had Good knowledge (95.3%)

Table 2 above shows knowledge of respondents on epilepsy. Majority of them (94%) have heard of epilepsy from different sources. About 67.5% of the total respondents had their source of information to be mass media, 49.6%, 59%, and 53.8% heard from health workers, relatives/friends and internet respectively.

As regards risk factors of epilepsy, about 54.7% of confirmed one with family history of epilepsy is at risk, 83.8% knew epilepsy can't be caused by head injuries, 75.6% said it can be through brain abnormalities, 82.9% said through prenatal injuries and 20.9% said it could be causes by infections. About 38.5% knew epilepsy is not contagious. Majority of the respondents said epilepsy is not caused by mental disorder (77.4%), 70.5% said not by lizard, 76.5% said it is not an inherited disorder and 27.4% didn't know the causes of epilepsy. Majority of the respondents can correctly identify presentation of epilepsy. About two-third (67.5%) knew epilepsy is treatable, Majority felt it can be treated by Alfas, 66.2% felt herbalist can and 80.2% felt it can be treated by pastors. About 47% of the respondents wouldn't move anyone convulsing, 82.1% would put something in their mouth, majority wouldn't run away, and 10.7% said they would start praying.

4.3. Respondents' Attitude Towards Epilepsy

Variable	Sub-variable	Frequency	Percentage
People with epilepsy should go to school	Stongly Disagree	7	3
	Disagree	8	3.4
	Undecided	23	9.8
	Agree	118	50.4
	Strongly Agree	78	33.3
People with epilepsy can ahead to marry	Stongly Disagree	4	1.7
	Disagree	12	5.1
	Undecided	23	9.8
	Agree	140	59.8
	Strongly Agree	55	23.5
Child with epilepsy should attend special schools	Strongly Disagree	6	2.6
	Disagree	63	26.9
	Undecided	57	24.4
	Agree	68	29.1
	Stongly Agree	40	17.1
Child with epilepsy should attend open system schools	Strongly Disagree	16	6.8
	Disagree	35	15
	Undecided	83	35.5
	Agree	82	35
	Strongly Agree	18	7.7
People living with epilepsy should not be a factory worker	Strongly Disagree	19	8.1
	Disagree	20	8.5
	Undecided	61	26.1
	Agree	92	39.3
	Strongly Agree	42	17.9
Can you allow your child or relatives To marry someone that has epilepsy	Yes	56	23.9
	No	178	76.1
Can you keep friends with someone living with epilepsy	Yes	153	65.4
	No	81	34.6
Can you play with people living epilepsy	Yes	151	64.5
	No	83	35.5
Can people living with epilepsy have Children	Yes	181	77.4
	No	53	22.6



4.3.1. Fig. 2: Categorized attitude of respondents towards epilepsy

Fig. 2 shows that more than half of the respondents (59%) had good attitude while 41% had poor attitude towards epilepsy

Table 3 above shows attitude of respondents towards people living with epilepsy. Majority of the respondents said people with epilepsy should be given the opportunity to go to school (50.4% & 33.3%), also majority said people with epilepsy should have the privilege of getting married (59.8% & 23.5%), 46.1% of them thinks children with epilepsy should attend special schools (29.1% & 17.1%), while on the opposite 42.7% thinks children with epilepsy should attend open system school. More than half of the respondents (39.3% & 17.9%) said people living with epilepsy should not be a factory worker, majority (76.1%) would not allow their children marry someone that has epilepsy, also about 64.5% has poor attitude of not playing with people living with epilepsy and majority thinks people living with epilepsy should have children (77.4%).

4.4. Association Between Socio-Demographic Characteristics and Knowledge of Respondents

Variable	Sub-variable	Categorized knowledge		Statistics X ² , p
		Good knowledge	Poor knowledge	
Age Group	19-29 years	12(92.3%)	1(7.7%)	X ² =1.663 P = 0.645
	30-39 years	92(96.8%)	3(3.2%)	
	40-49 years	70(95.9%)	3(4.1%)	
	50years and above	49(92.5%)	4(7.5%)	
Level of Education	None	44(89.8%)	5(10.2%)	X ² = 4.528 P = 0.210
	Primary	1(100%)	0(0%)	
	Secondary	14(100%)	0(0%)	
Ethnicity	Tertiary	164(96.5%)	6(3.5%)	X ² = 2.609 P = 0.456
	Yoruba	184(94.8%)	10(5.2%)	
	Hausa	14(93.3%)	1(6.7%)	
	Igbo	22(100%)	0(0%)	
Occupation	Others	3(100%)	0(0%)	X ² = 0.090 P = 0.956
	Employed	64(95.5%)	3(4.5%)	
	Self-employed	126(95.5%)	6(4.5%)	
Religion	Unemployed	33(94.3%)	2(5.7%)	X ² = 1.038 P = 0.595
	Islam	62(93.9%)	4(6.1%)	
	Christianity	152(96.2%)	6(3.8%)	
	Traditional	9(90%)	1(10%)	

Marital Status	Single	35(100%)	0(0%)	
	Married	168(94.9%)	9(5.1%)	$X^2 = 4.350$
	Divorced	13(92.9%)	1(7.1%)	$P = 0.226$
	Widower	7(87.5%)	1(12.5%)	
Sex	Male	83(95.4%)	4(4.6%)	$X^2 = 0.000$
	Female	140(95.2%)	7(4.8%)	$P = 1.000$ $P = 0.601$

Table 4: shows association between respondents socio-demographic characteristics and knowledge of epilepsy. None of the sociodemographic status has a statistical significant association with their knowledge. Hence, there is no relationship between respondents' knowledge and their socio-demographic status.

4.5. Association between Socio-Demographic Characteristics and Attitude of Respondents towards Epilepsy.

Variable	Sub-variable	Categorized attitude		Statistics X^2, p
		Good attitude	Poor attitude	
Age Group	19-29 years	9(69.2)	4(30.8)	$X^2 = 9.244$
	30-39 years	59(62.1)	36(37.9)	$P = 0.026$
	40-49 years	33(45.2)	40(54.8)	
	50 years and above	37(69.8)	16(30.2)	
Level of Education	None	31(63.3)	18(36.7)	
	Primary	1(100)	0(0)	$X^2 = 1.576$
	Secondary	8(57.1)	6(42.9)	$P = 0.665$
	Tertiary	98(57.6)	72(42.4)	
Ethnicity	Yoruba	121(62.4)	73(37.6)	
	Hausa	6(40)	9(60)	$X^2 = 6.096$
	Igbo	9(40.9)	13(59.1)	$P = 0.107$
	Others	2(66.7%)	1(33.3%)	
Occupation	Employed	43(64.2)	24(35.8)	$X^2 = 1.183$
	Self-employed	76(57.6)	56(42.4)	$P = 0.554$
	Unemployed	19(54.3)	16(45.7)	
Religion	Islam	41(62.1)	25(37.9)	$X^2 = 0.636$
	Christianity	92(58.2)	66(41.8)	$P = 0.728$
	Traditional	5(50)	5(50)	
Marital Status	Single	18(51.4)	17(48.6)	$X^2 = 2.825$
	Married	109(61.6)	68(38.4)	$P = 0.419$
	Divorced	6(42.9)	8(57.1)	
	Widower	5(62.5)	3(37.5)	
Sex	Male	49(56.3)	38(43.7)	$X^2 = 0.403$
	Female	89(60.5)	58(39.5)	$P = 0.526$

Table shows association between sociodemographic status of respondents and their attitude towards people living with epilepsy. There was a significant relationship between age group and attitude ($X^2 = 9.244, p=0.026$). Other variables were not statistically significant

4.6. Association between Respondents' Knowledge and Attitude Towards Epilepsy

Variable	Sub-variable	Categorized Attitude		Statistics
		Good Attitude	Poor Attitude	
Knowledge	Good Knowledge	136(61%)	87(39%)	$X^2=6.268$ P=0.012
	Poor Knowledge	2(18.2%)	9(81.8%)	

Table 6 shows association between knowledge of respondents and attitude towards people living with epilepsy. About 71% of respondents had good knowledge had good attitude which is statistically significant ($X^2=6.268$, $p=0.012$)

4.7. Binary Logistics Regression of the Outcome Variable “Respondents’ Attitude” and Selected Socio-demographic Predictors

Variable	Odds ratio	95% CI		P-values
		Lower	Upper	
Age group				
19-25	0.974	0.247	3.841	0.970
26-35	0.629	0.298	1.327	0.223
36-45	0.316	0.146	0.686	0.004
Knowledge				
Good knowledge	8.597	1.749	42.247	0.008

Table 7 above shows predictors of respondents' attitude towards people living with epilepsy. Respondents within age group of 36-45 years are less likely (OR=0.316) to have poor attitude towards people living with epilepsy (C.I = 0.146-0.686, $P=0.004$). Also, respondents with good knowledge are eight times more likely (8.597) to have poor attitude towards people living epilepsy.

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

Epilepsy is one of the most common neurological disorders worldwide. This study aimed to understand the knowledge and attitude of the parent living in Osogbo local government towards epilepsy. The finding of the study was discussing in the term of objectives and hypothesis stated for the study. Almost all of our respondent were aged less than 45 years which is similar to a study where the majority of respondents were aged less than 45 years (M. Shafiq et al., 2007). In this study majority of the participant had tertiary level of education which disagree with a study where (47.50%) had secondary level of education (Sell; 2009).

This study shows a good knowledge which disagree with a study where (27%) of the respondents had no information's about epilepsy (Alemayehu et al., 2021) and agree with another study in which parent were found to have good knowledge (Sakubita et al., 2015). In our study, most of the respondents were female.

Majority of the parent have heard of epilepsy which is similar to another study where among the study participant (97%) ever heard of epilepsy (andualem and tafesse 2017), regarding to the source of information, large number of the study participant heard from mass media seconded by relatives and friends which disagree with a study in which (37.4%) of them heard about epilepsy from their relatives (Alemayehu et al., 2021) In our study a few numbers of parent thought epilepsy is contagious and this agree with a study where a few number of parent(1.6%) thought that epilepsy is contagious (Helen et al., 2021), in our study majority of the parent knew at least one of the possible causes of epilepsy which is similar to a study where most of the parent(43.5%) knew at least one possible cause of epilepsy (Helen et al., 2021). Quarter of the respondent chose lizard as cause of the disorder while one third of the participants do not know the causes of epilepsy, this disagree with a study where the causes of the disorder is not known to majority of the parents (93.93%).

Although, most of the respondents knew that epilepsy could be treated with medication and majority choose doctors as a major person that can treat epilepsy, this contradict a study where majority underestimates the role of surgery in treating epilepsy (Maha et al., 2017). Few of the respondent

choose religion (pastor, alfa and herbalist) treatment for epilepsy this contradicted a study where religious/spiritual treatment was chosen as the most effective treatment by (33.1%) (M. Shafiq et al., 2007)

In the present study, more than half of the respondents said they would call the doctor as soon as possible when they see somebody convulsing this disagree with a study where less than half of the respondents said they would perform first aid for someone that is convulsing (Alaqael and Sabbagh, 2013)

In our study, most of the respondents have had direct contact with someone convulsing which is in contrast with a study where it is only one third of them that have come in contact with the disease (Oriano et al., 2011), however in line with several report from developed and developing countries (Alikor, & Essien. 2005). Majority of the respondents felt epilepsy is a mental disorder, more than half of the respondents and almost all said the disease can kill and can also cause depression because of their knowledge and experience about the disease.

The attitude of parent towards children with epilepsy is influenced by the level of their knowledge about the condition. Most of the parent had positive attitude towards epilepsy which agree with the attitude of parent towards epilepsy in another study (M J Bannon et al., 2022) and also contradict another study where majority of the parent had poor attitude towards epilepsy (L. Zaini et al., 2013)

Most of the respondents agreed that people with epilepsy should marry and almost half of the participants agreed that they should not be a factory worker which contradict a study that shows epilepsy is an obstacle to marriage and also agree with the same study that is obstacle to employment of an affected individual (Thacker et al., 2008).

Most of the respondents thought that people living with epilepsy should be separated from those that are without the disease i.e they should go to a special school this is similar to a study where high percentage of population in Italy thought that people living with epilepsy should separate from people that are without the disease (Savarese et al., 2015).

CONCLUSION

In conclusion, although parents living in Oshogbo local government area as represented by the study sample have a good level of knowledge on epilepsy and good attitudes towards epilepsy in general. Because some of the parents still has misconceptions and negative attitude towards people living with epilepsy.

Our results show that there is increased familiarity in form of people knowing and have seen people living with epilepsy. Similarly, those who had received any amount of school education were likely to have positive attitude about epilepsy, although almost all them cannot allow their relatives or children to marry people living with epilepsy. This indicates that education alone can potentially bring about significant and desirable changes in some of the attitude regarding epilepsy. It also indicates that the concept of not marrying people living with epilepsy appears to be the most recalibration, and one which should probably be a focus for any future public awareness campaign.

Epilepsy education campaign and health promotions have been shown to be effective in improving health outcome of people with epilepsy. Educational programme to enhance epilepsy self-management have often shown improvement in knowledge. A study carried out in Hungary (Mirnic et al., 2001) demonstrated that educational campaign is effective in changing as well as improving knowledge about epilepsy among the population and diminish negative attitude against people with epilepsy (A. Falavigna et al., 2007)

RECOMMENDATIONS

The media as well as government authorities should play a major role in increasing public awareness, such as educational programs should target parents. There is no doubt that some of the difficulties faced by people living with epilepsy is the social stigma that the disease attracts. Epilepsy remains a poorly understood and sometimes feared illness by the general public. Perhaps the time has now come for a similar campaign to increase awareness of childhood epilepsy in order to reduce

its ongoing stigma. Such a campaign would do much to facilitate the successful integration of children who have epilepsy into mainstream schools.

There is still a need for continuous community education about epilepsy with the aim of improving the knowledge and attitude of members of the community towards the disease. Also, healthcare workers need to be trained so that they can anchor the education of community members on epilepsy. This will correct the misconceptions about this disease and reduce significantly the stigma and discrimination suffered by people with epilepsy.

REFERENCES

1. Abigail Paul, Davis Adeloye, Rhiannon George-Carey, Ivana Kolcic, Liz Grant & Kit Yee Chan (2012) An estimate of the prevalence of epilepsy in Sub-Saharan Africa: A systematic analysis. Vol 2 No2. Doi: 10.7189/jogh.02.020405
2. Ahmed Alaqeel, Abdulrahman J. Sabbagh. (2013). Epilepsy; what do Saudi's living in Riyadh know?, *Seizure*, Volume 22, Issue 3, Pages 205-209, ISSN 1059-1311, <https://doi.org/10.1016/j.seizure.2012.12.010>. (<https://www.sciencedirect.com/science/article/pii/S1059131112003317>)
3. Alemayehu Molla, Birhanie Mekuriaw, Endashaw Habtamu and Moges Mareg. (2021). Department of Psychiatry, College of Health and Medical Science, Dilla University, Dilla, Ethiopia. Department of Reproductive health, College of Health and Medical Science, Dilla University, Dilla, Ethiopia. 21:420 <https://doi.org/10.1186/s12889-021-10467-8>
4. Alikor E.A.D & Essien A.A. (2005). Childhood Epilepsy: knowledge and Attitude of Primary School Teachers in Port Harcourt, Nigeria. *Nigeria Journal of Medicine*, Vol. 14, No. 3
5. Andualem Henok and Tafesse Lamaro. (2017). Knowledge about and attitude towards epilepsy among Menit Community, Southwest Ethiopia. Vol. 27 No. 1 DOI: 10.4314/ejhs.27i1.7
6. Anthanasios Covanis, Alla Guekht, Shichuo Li, Mary Secco, Raad Shakir, & Emilio Perucca. (2025). from global campaign to global commitment: The World Health Assembly's Resolution on epilepsy. *Epilepsia*/Vol 56, issue 11/ p. 1651-1657 <https://doi.org/10.1111/epi.13192>
7. Asdrubal Falavigna, Alisson Roberto Teles, Felipe Roth, Maíra Cristina Velho, Marcelo Ricardo Rosa Roxo. (2007). Epilepsy: awareness, attitudes perceptions in Southern Brazil *Arq Neuropsiquiatr*; 65(4-B)
8. Baingana FK & Bos ER. (Accessed 24 April, 2012). Changing patterns of disease and mortality in Sub-Saharan Africa: An overview. IN: *Disease and mortality in Sub-Sharan Africa*. Washington D: The World Bank, 2006. Available at: <http://www.dcp2.org/file/66/Disease%20and%20in%20SSA>.
9. Beghi E, Giussani G, Nichols E, Abd-Allah F, Abdela J, Abdelalim A. (2016). Global, regional, and national burden of epilepsy, 1990–2016: a systematic analysis for the Global Burden of Disease Study. *Lancet Neurol.*, 18, 357-3
10. Bertha C. Ekeh and Udeme E. Ekrikpo. (2015). The Knowledge, Attitude, and Perception towards Epilepsy amongst Medical Students in Uyo, Southern Nigeria. *Adv Med*. 876135. Doi:10.1155/2015/876135. PMID: 26556558
11. Bhalla D, Godet B, Druet-Cabanac M, Preux PM. (June 2011)."Etiologies of epilepsy: a comprehensive review". *Expert Review of Neurotherapeutics*.
12. Camfield P, Camfield C. (2015). Incidence, prevalence and aetiology of seizures and epilepsy in children. *Epileptic Disord*. 17:117–23. doi: 10.1684/epd.2015.0736 75.
13. Cianchetti C, Biancha E, Guerrini R, Baglietto MG, Briguglio M, Cappelletti S et al. (2018). Symptoms of anxiety and depression and family's quality of life in children and adolescents with epilepsy. *Epilepsy Behav*.

14. E. Magiorkinis, K. Sidiropoulou, and A. Diamantis. (2010). “Hallmarks in the history of epilepsy: epilepsy in antiquity,” *Epilepsy and Behavior*, vol. 17, no. 1, pp. 103–108.
15. Eyong Komomo Ibor, Ekanem E. Emmanuel, Asindi A, Asindi, Chimaeze Torty, & Brown-Abang E. (2018). The impact of enlightenment on community perception towards children with epilepsy. Vol 6. Issue 3. page 729-733 doi: <http://dx.doi.org/10.18203/2320-6012.ijrms20180585>
16. Fiest KM, Sauro KM, Wiebe S, Patten SB, Kwon CS, Dykeman J. (2017). Prevalence and incidence of epilepsy: A systematic review and meta-analysis of international studies. *Neurology*; 88(3):296-303. [DOI:10.1212/WNL.0000000000003509][PMID] [PMCID]
17. Fisher RS, Acevedo C, Arzimanoglou A, Bogacz A, Cross JH, Elger CE, Engel J, Forsgren L, French JA, Glynn M, Hesdorffer DC, Lee BI, Mathern GW, Moshé SL, Perucca E, Scheffer IE, Tomson T, Watanabe M, Wiebe S (April 2014). "ILAE official report: a practical clinical definition of epilepsy". *Epilepsia*. 55 (4): 475–82. doi:10.1111/epi.12550. PMID 24730690. S2CID 35958237
18. Forsgren, L., Beghi, E., Oun, A. & Sillanpää, M. (2005). The epidemiology of epilepsy in Europe—a systematic review. *Eur. J. Neurol.*, 12, 245-253.
19. Goudsmit, J., Van Der Waals, F. W. & Gajdusek, D. C. (1983). Epilepsy in the Gbawein and Wroughbarh Clan of Grand Bassa County, Liberia: The endemic occurrence of 'See-ee' in the native population. *Neuroepidemiology*, 2, 24-34.
20. Haojun Yang, Yunfang Chi, Ziqing Zhu, Kailing Huang, Lan Xiang, Bo Xiao, Weiting Tang & Li Feng. (2021). Attitudes Toward Epilepsy Among Parents Of Children With Epilepsy In Southern China. *Front. Neurol.* 11:602000. Doi:10.3389/fneur.2020.602000
21. Helen Mintesnot Dessalegn, Etsegenet Gedlu, Ayalew Moges. (2021). Knowledge, Attitude And Practices Of Parents And Guardians Of Children With Epilepsy At Pediatric Neurology Clinic Of Tikur Anbessa Specialized Hospital. Addis Ababa, Ethiopia *Med J*, Vol. 59, No. 3
22. Illes J. (2011). *Encyclopedia of Mystics, saints & sages: A Guide to Asking for Protection, Wealth, Happiness, and Everything Else*. Author Harper Collins ISBN 0062098543, 9780062098542 page 1238
23. K. Sidiropoulou, A. Diamantis, and E. Magiorkinis. (2010). “Hallmarks in 18th- and 19th-century epilepsy research,” *Epilepsy and Behavior*, vol. 18, no. 3, pp. 151–161. A. Diamantis, K. Sidiropoulou, and E. Magiorkinis, 2010 “Epilepsy during the middle ages, the renaissance and the enlightenment,” *Journal of Neurology*, vol. 257, no. 5, pp. 691–698.
24. Kaddumukasa Mark, William Buwembo. Ian G. Munabi, Carol Blixen, Samden Lhatoo, Nelson Sewankambo, Elly Katabira & Martha Sajatovic. (2018). Epilepsy misconceptions and stigma reduction interventions in Sub-Saharan Africa, a systematic review. Vol 85 p 21-27 <https://doi.org/10.1016/j.yebeh.2018/04.014>
25. Keezer M.R, Sisodiya S.M, and Sander J.W. (2016). comorbidities of epilepsy: current concepts and future perspectives *lancet Neuro.*, 15(1) pp.106-115
26. Kinariwalla N, Sen A. (2016). The psychosocial impact of epilepsy on marriage: a narrative review. *Epilepsy Behav.* 63:34–41. doi: 10.1016/j.yebeh.2016.07.026
27. Komolafe, M. A., Sunmonu, T. A., Afolabi, O. T., Komolafe, E. O., Fabusiwa, F. O., Groce, N. (2012). The social and economic impacts of epilepsy on women in Nigeria. *Epilepsy Behav.* 24, 97-101.
28. L. Zaini. D. Atteyah, W. Aldisi, H. Abdulkarin, R. Al-helo, H. Al-hilali, M. Jan. (2013). parent’s knowledge and attitudes towards children with epilepsy *Pediat Therapeut*, vol 3. issue 3. page 2 no 3. doi: 10.4172/2161-0665.1000157
29. Laino D, Mencaroni E & Esposito S (2018) Management of pediatric febrile seizures. *Int J Environ Res Public Health* 15.

30. Lena Damaj, Alexis Lupien-Meilleur, Anne Lortie, Emilie Riou, Luis H Ospina, Louise Gagnon, Catherine Vanasse & Elsa Rossignol. (2015). CACNA1A haploinsufficiency causes cognitive impairment, autism and epileptic encephalopathy with mild cerebellar symptoms. *Eur J Hum Genet* 23, 1505-1512. <https://doi.org/10.1038/ejhg.2015.21>
31. M J Bannon, C Wildig, P W Jones. (October 12, 2022). Teachers' perceptions of epilepsy *Arch Dis Child*: first published as 10.1136/adc.67.12.1467 <http://adc.bmj.com/> on by guest.
32. M. Shafiq, M. Tanwir, A. Tariq, P.M. Kasi, M. Zafar, A. Saleem, R. Rehman, S.Z. Zaidi, F. Taj, A.A. Khuwaja, K.S. Shaikh, A.K. Khuwaja. (2007). Epilepsy: Public knowledge and attitude in a slum area of Karachi, Pakistan, *Seizure*, Vol 16, Issue 4, Pages 330-337, ISSN 1059-1311, <https://doi.org/10.1016/j.seizure.2007.02.002>. (<https://www.sciencedirect.com/science/article/pii/S1059131107000428>)
33. Magiorkinis E, Sidiropoulou K, Diamantis A. (2010). Hallmarks in the history of epilepsy: epilepsy in antiquity. *Epilepsy Behav. Jan*; 17(1): 103–8.
34. Maha Abdullah Al.Zubaidi, Njood Mohammad Alsudairy, Bayan Abdu Alzubaidi, RawanNashaat Joharji, Samah Mohammed AlQurashi, KhairyaAbdulrahman Alsadi, Areej Ahmad Abulela1. 1-Ibn Sina National College,2-Umm Alqura University. (October 2017) .*The Egyptian Journal of Hospital Medicine* Vol. 69 (6), Page 2685-2689
35. Mahon NE, Yarcheski A. (2017). Parent and friend social support and adolescent hope. *Clin Nurs Res.* 26:224–40. doi: 10.1177/1054773815619881
36. Massimo pandolfo. (2011). Genetics of Epilepsy. *Seminars in Neurol*;31(5):506-518. Doi: 10.1055/s-0031-1299789
37. Mirnics Z, Czikora G, Zaveez T, & Halasz P. (2001). Changes in public attitude toward epi-lepsy in Hugarly: results of survey conducted in 1994 and 2000. *Epilepsia* ;42(1):86-93.
38. Moosa Anv. (2019). Antiepileptic drug treatment of epilepsy in children. *Continuum (Minneapolis)*. 25:381–407. doi: 10.1212/CON.0000000000000712
39. Nadia Khalil, Selim Benbadis and Derrick Robertson. (2020). Department of Neurology, University of South Florida Health Morsani College of Medicine, Tampa, FL, USA; Epilepsy & EEG Division, Department of Neurology, University of South Florida Health Morsani College of Medicine, Tampa, FL, USA *Eur Neurol*;83:341–344 doi: 10.1159/000509496
40. Oriano Mecarelli a, Giuseppe Capovilla b, Antonino Romeo c, Guido Rubboli d, Paolo Tinuper e and Ettore Beghi f. (2011). *Epilepsy & Behavior* 22 285–292 E-mail address: ettore.beghi@marionegri.it (E. Beghi). doi:10.1016/j.yebeh.2011.06.019
41. Osakwe, C., Otte, W. M. & Alo, C. (2014). Epilepsy prevalence, potential causes and social beliefs in Ebonyi State and Benue State, Nigeria. *Epilepsy Res.*, 108, 316-326
42. Osuntokun, B. O, Schoenberg, B. S. & Nottidge, V. A. (1982). Research protocol for measuring the prevalence of neurologic disorders in developing countries. Results of a pilot study in Nigeria. *Neuroepidemiology*, 1, 143-153.
43. Owolabi LF, Owolabi SD, Taura AA, Alhaji ID, and Ogunniyi A. (2019). Prevalence and burden of epilepsy: Asystematic review and Meta-analysis of community-based door-to-door surveys. *Epilepsy Behavior*, 92,226-234 <http://doi.org/10.1016/j.yebeh.2018.12.017>
44. Politsky JM. (2017). Brain tumor-related epilepsy: a current review of the etiologic basis and diagnostic and treatment approaches. *Curr Neurol Neurosci Rep* 17, 70.
45. Roy Baskind, Gretchen L, & Birbeck. (2005). Epilepsy-associated stigma in sub-Saharan Africa: The social landscape of a disease, *Epilepsy & Behavior*, Vol 7. Issue 1, Pages 68-73, ISSN 1525-5050, <https://doi.org/10.1016/j.yebeh.2005.04.009>.

46. Sakubita CC. (Last accessed on March 02, 2015). Knowledge, attitudes and practices about epilepsy among parents of children living with epilepsy. Available from <http://www.dspace.unza.zm:8080/xmlui/handle/123456789/2061>.
47. Savarese G, Carpinelli L, & D'Elia, D. (2015). Teachers of Various school grades and representations of epilepsy: problems, relational aspects and perspectives of life quality. *Ital J Pediatr* 41, 70. <https://doi.org/10.1186/s13052-015-0177-8>
48. Schachter SC. (Accessed June 4, 2021). Comorbidities and complications of epilepsy in adults. <https://www.uptodate.com/contents/search>.
49. Sell-Salazar F. (2009). Psychosocial aspects of childhood epilepsy. *Medicina*. 69:3-7.
50. Siqueira NF, Oliveira FL, Siqueira JA, & Souza EA. (2015). In adolescents with epilepsy, high scores of anxiety and depression are associated with occurrence of seizures in public places. *Arq. Neuro-psiquiatr*. 73:205–11. <https://doi.org/10.1590/0004-282X20140235>
51. Thacker AK, Verma AM, Ji R, Thacker P, & Mishra P. (2008). Knowledge Awareness and Attitude about epilepsy among school teachers in India. *Seizure* 17:684-90
52. Thurman DJ, Beghi E, Begley C.E, Berg AT, Buchhalter JR & Ding D. (2011). Standards for epidemiologic studies and surveillance of epilepsy. *Epilepsia* 52 Suppl 7:2-26. doi:10.1111/j.1528-1167.2011.03121.xe.
53. Tsuji Sadatoshi. (2004). Social aspects of epilepsy: marriage, pregnancy, driving, antiepileptic drug withdrawal and against social stigma. 44(11):865-867 PMID: 15651316
54. Vezzani A, Fujinami RS, White HS, Preux PM, Blumcke I, Sander JW & Loscher W. (2016) . Infections, inflammation and epilepsy. *Acta Neuropathol* 131, 211– 234.
55. World Health Organization. (2018). Epilepsy Fact Sheet. Available from: <http://www.who.int/ent/news-room/fact-sheet/detail/epilepsy>.
56. World Health Organization. (2019). Epilepsy: a public health imperative. Summary. Geneva.(WHO/MSD/MER/19.2).www.who.int/mental_health/neurology/epilepsy/report_2019/en
57. Yang HJ, Feng YY, Zhu ZQ, Qiao ZH, Xiao B, Feng L. Evaluation of anxiety, depression and sleep quality among parents of children with epilepsy in Southern China. *Epilepsy Behav.* (2020) 112:107340. doi: 10.1016/j.yebeh.2020.107340.
58. Zsuzsanna Mirnics, Gyorgyi Czikora, Tibor Zavecz and Peter Halesz Changes in Public Attitudes Toward Epilepsy in Hungary (2008) National Institute of Psychiatry and Neurology H-1021 Budapest. <https://doi.org/10.1946/j.1528-1157.2001.18000.x>

APPENDIX I: HEALTH RESEARCH ETHICS COMMITTEE**Osun State University, Osogbo***COLLEGE OF HEALTH SCIENCES***P.M.B 4494, Osogbo, Osun****State, Nigeria****www.uniosun.edu.ng****Office of the Provost**

3rd June, 2022

UNIOSUNHREC2022/PBH/040

Dr Rabiun (Principal Investigator),
Isaac P.A, Ishaq U.O, Ogbara O.
Osun State University,
Osogbo

RE: KNOWLEDGE AND ATTITUDES TOWARDS EPILEPSY AMONG PARENTS IN OSOGBO LGA, OSUN STATE, NIGERIA

I wish to inform you that the UNIOSUN Health Research Ethics Committee has granted you an approval to proceed on the above study following appropriate review.

1. You are to note that this approval is given on the basis of your corrected protocol and for one (1) year in the first instance. Any proposed change in the protocol should be communicated to the Committee for consideration ahead of execution.
2. Kindly inform the Committee when the study is to commence to facilitate monitoring by designated representative(s) of the HREC Committee.
3. Please regard this letter as the Certificate of UNIOSUN Health Research Ethics Committee Approval.

Kind regards.

Professor Akinwusi P.O
Chairman, UNIOSUN HREC Committee

APPENDIX II: QUESTIONNAIRE**DEPARTMENT OF COMMUNITY MEDICINE, FACULTY OF CLINICAL SCIENCES, OSUN STATE UNIVERSITY, OSOGBO, OSUN STATE**

We are 4001 public health student of Osun State University, Osogbo. This research is one of the requirements to attaining Bsc. public health. It is strictly for research purpose and your confidentiality is assured.

KNOWLEDGE AND ATTITUDES TOWARDS EPILEPSY AMONG PARENTS IN OSOGBO LGA OSUN STATE, NIGERIA.

Kindly tick in your answers in the box provided ()

SECTION A: SOCIO-DEMOGRAPHIC

1. .Age as at last birthday_____
2. Educational level (a) No formal education () (b) Highest level of education attained_____
3. Ethnicity (a) Yoruba () (b) Hausa () (c) Igbo () (d) Other, specify_____
4. What is your occupation (a) employed (b) self-employed (c) unemployed
5. What is your Religion (a) Islam () (b) Christianity () (c) Traditional ()
6. What is your Marital status (a) Single () (b) Married () (c) Divorced () (d) Widower ()
7. Sex (a) Male () (b) Female ()

SECTION B: KNOWLEDGE OF EPILEPSY AMONG PARENTS IN OSOGBO LGA OSUN STATE, NIGERIA.

8. Have you ever heard of epilepsy? (a) Yes () (b) No ()
9. If yes, what was the source of information? MULTIPLE CHOICE (a) Mass media (TV, radio, newspaper) () (b) Health worker/practitioner () (c) Relations/friends () (d) internet () (e) all of the above ()
10. The following are the risk factors of epilepsy. MULTIPLE CHOICE (a) family history () (b) head injuries () (c) brain abnormalities () (d) prenatal injury () (e) infections
11. Epilepsy is contagious? (a) Yes () (b) No () (c) I don't know ()
12. If yes, contagious by what? (a) sexual route (b) shaking hands (c) sharing plate (d) kissing (e) sneezing
13. What are the causes of epilepsy? MULTIPLE CHOICE (a) spiritual attack () (b) mental disorder () (c) lizard () (d) inherited disorder () (e) I do not know
14. Clinical manifestations of epilepsy MULTIPLE CHOICE. (a) Jerking of the body (b) loss of consciousness (c) abnormal behavior () (d) convulsions () (e) foaming from the mouth ()
15. Do you consider epilepsy as a treatable illness? (a) yes () (b) no () (c) I do not know ()
16. If yes ,who can treat epilepsy? MULTIPLE CHOICE (a) doctors () (b) Alfas () (c) herbalist () (d) Pastors (e) all of the above
17. What will you do if you see someone convulsing? MULTIPLE CHOICE (a) move the person away from harm () (b) put something into the mouth () (c) Seek for help () (d) run away () (e) start praying ()
18. Have you seen a person convulsing before? (a) yes () (b) no () (c) am not sure ()
19. Can epilepsy also be a mental disease? (a) yes () (b) no () (c) I do not know ()
20. Do people discriminate those with epilepsy? (a) Yes () (b) no () (c) I do not know ()
21. People living in Urban area have epilepsy than those living in the village (a) yes () (b) no () (c) I don't know ()
22. Can epilepsy leads to depression (a) yes () (b) no () (c) I don't know ()
23. Can epilepsy kill? (a) Yes () (b) no () (c) I don't know ()

SECTION C: ATTITUDE TOWARDS EPILEPSY AMONG PARENTS IN OSOGBO LGA OSUN STATE, NIGERIA.

		Strongly disagree	Disagree	Undecided	Agree	Strongly agree
24.	People living with epilepsy should go to school					
25.	People living with epilepsy can go ahead to marry					
26.	Child with epilepsy should attend special system school					
27.	Child with epilepsy should attend open system school					
28.	People living with epilepsy should not be a factory worker					

24. Can you allow your child or relatives to marry someone that has epilepsy? (A) yes () (b) No ()

25. Can you keep friends with someone living with epilepsy? (a) Yes () (b) No ()

26. Can you play with people living with epilepsy? (a) yes () (b) No ()

27. Can people living with epilepsy have children? (a) yes () (b) No ()

APPENDIX III: BUDGET

S/N	ACTIVITIES	PRICE	UNIT	COST
1.	Printing of pre-test questionnaires	20	24	480
2.	HREC	1500	1	1500
3.	Printing of questionnaires	40	234	9,360
4.	Printing of powerpoint slide	960	6	5,760
5.	Printing of project work	2000	4	8,000
6.	Printing of Hard bond copies	3000	5	15,000
7.	Miscellaneous			2000
8.	Total			N42,100