



“A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING EPILEPSY AMONG THE PEOPLE RESIDING IN SELECTED RURAL AND URBAN AREAS OF BAGALKOT DISTRICT WITH A VIEW TO DEVELOP AN INFORMATION GUIDE SHEET”

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ABSTRACT

Background of the Study: Epilepsy is a neurological disorder in which a person has repeated seizures (convulsions) over time. Those who are new to illness deal with fear, sorrow, and bewilderment and also lack of knowledge of the family members leads to more complications like recurrence.

Methodology: The descriptive comparative survey design was adopted for the present study. The sample for the present study includes 100 people from selected rural and urban areas of Bagalkot District using convenient sampling technique. The data collected using structured interview schedule and data was analyzed using descriptive and inferential statistics.

Results: Assessment of the level of knowledge of the people reveals that, majority of rural (82%) had Average knowledge and urban (74%) people had good knowledge. A significant difference was found between rural and urban people's knowledge ($Z = 12.5$) regarding epilepsy. A significant association was found between knowledge of urban people and demographic variables like occupation ($\chi^2 = 5.09$; $P < 0.05$) and history of epilepsy in family ($\chi^2 = 4.01$; $P < 0.05$).

Conclusion: Findings show that, there is significant difference in knowledge of rural and urban people. Thus it is concluded that educational programme should be administered to the rural people to enhance knowledge regarding epilepsy.

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INTRODUCTION

The term “Epilepsy” is derived from the Greek word “Epilambavian” meaning is “to seize or to take hold of”. To the Greeks epilepsy was a sacred disease, to Hippocrates it was a disease of the brain. In later ages it became known as “the falling sickness” and was viewed as a form of mental illness, with victims being consigned to asylums for the insane. Regardless of the insights gained into epilepsy, stigma and fear are still associated with this problem. Public awareness of the true nature of epilepsy is needed to dispel the misconceptions and fears associated with this health problem.¹

Epilepsy is a chronic disorder characterized by recurrent seizures. Psychiatric and cognitive disturbances are relatively common in epilepsy.² Epilepsy is largely a disease of younger people approximately three fourth of the sufferers have seizures. It is always a shock when a family learns that individual has epilepsy.

But attitudes may also be affected by the frightening experience of having seen a individuals during a severe seizure, by the belief that mental deterioration always occurs in epilepsy and by the fact that the tendency to develop epilepsy may be inherited.³

A seizure is an event that occurs when there is a transient disturbance of cerebral activity due to an abnormal paroxysmal neural discharge (an excessive and disorderly discharge) in the brain. These seizures arise spontaneously and disturb the normal functioning of the nervous system. The type of the seizures depends upon the part of the brain from which the abnormal electrical discharge originates.⁴

Epilepsy is usually controlled, but not cured, with medication. Once epilepsy is diagnosed, it is important to begin treatment as soon as possible. For about 80 percent of those diagnosed with epilepsy, seizures can be controlled with modern medicines and surgical techniques. In 2013, the FDA approved the vagues nerve stimulator for use in people with seizures that are not well-controlled by medication.⁵

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Need of the Study

Epilepsy is a neurological disorder in which a person has repeated seizures (convulsions) over time. Seizures are episodes of disturbed brain activity that cause changes in attention or behaviour.⁶

Epilepsy is common neurological condition affecting around 80,000,000 people worldwide. Epilepsy is universal in that it affects people of all ages, both sexes and unrelated to either the education or the financial position of the individual.⁷

The WHO estimated the general population with active epilepsy (i.e. continuing seizures or the need for treatment) at a given time is 4 to 10 per 1,000 people. However, some studies in developing countries suggest that the proportion is 6 to 10 per 1,000. Around 50 million people in the world have epilepsy.⁸

The article on advances in epilepsy states that the knowledge of epilepsy in countries of Asia was increasing. In other countries like China it was, Japan, Parris in India, Kashmir in India, Pakistan, Sri Lanka and Guan. it indicates that knowledge of Epilepsy in Asian countries is comparatively higher than world wide.⁹

Patient with epilepsy have a high knowledge of psychiatric co morbid disorders. Many co morbidities have a significant impact on the medical management and quality of life of these patients. The most common psychiatric conditions in epilepsy in adults were depression, anxiety, and psychosis.¹⁰

Department of Psychiatry and Behavioral Sciences, University of Washington, estimated that 20-30% of patients with epilepsy have psychiatric disturbances. And also 70% of patients with intractable complex partial seizures had one or more diagnoses consistent with Diagnostic and Statistical Manual of Mental Disorders, Revised Third Edition (DSM-III-R); 58% of these patients had a history of depressive episodes, 32% had agoraphobia without panic or other anxiety disorder, and 13% had psychosis.³

After going through the above mentioned facts, it is clear that prevalence of epilepsy is very high throughout the world as well as in India. The thorough examination of many literatures shows that there is great deal of difference in knowledge regarding epilepsy among urban and rural people that motivated researcher to undertake this study to compare the knowledge regarding epilepsy among people who are residing in selected rural and urban areas of Bagalkot District.

Statement of Problem

“A comparative study to assess the knowledge regarding epilepsy among the people residing in selected rural and urban areas of bagalkot district with a view to develop an information guide sheet”.

Objectives of the Study

1. To assess the knowledge regarding epilepsy among the people residing in selected rural and urban areas of Bagalkot District.
2. To compare the knowledge regarding epilepsy between the people residing in selected rural and urban areas of Bagalkot District.
3. To find the association between the knowledge regarding epilepsy with their selected socio-

demographic variables among people residing in selected rural and urban areas of Bagalkot district.

Hypotheses

H₁: There is a significant difference in knowledge regarding epilepsy between people residing in selected rural and urban areas of Bagalkot District.

H₂: There is a significant association between knowledge regarding epilepsy between people residing in selected rural areas with selected demographic variables.

H₃: There is a significant association between knowledge regarding epilepsy between people residing in selected urban areas with selected demographic variables.

METHODOLOGY

Research Design

In the present study Descriptive comparative survey design has been adopted.

Variables of the study

Study Variable: Study variables include knowledge of rural and urban people regarding epilepsy.

Socio-demographic Variables: Socio-demographic Variables in this study includes background factors namely age, gender, religion, education status, occupation, monthly income, marital status, source of information, and history of epilepsy in family.

Setting of the study

The present study was conducted in Kaladagi, which is a rural area of Bagalkot District and Vidyagiri, which is an urban area of Bagalkot city.

Population

The target population for the present study is people residing in rural and urban areas of Bagalkot District who are in the age group of 20-50 years.

The accessible population for the present study is the people residing in Kaladagi rural area and Vidyagiri urban area of Bagalkot District, who are in the age group of 20-50 years.

Sample

In this study Sample size is 100 people who are in the age group of 20-50 years. Out of 100, 50 people are selected from Kaladagi and 50 people are selected from Vidyagiri, Bagalkot.

Sampling Technique

Convenient sampling technique is used to select the subjects.

Criteria for selection of sample

Inclusion Criteria

The Study Includes the People, who are

- ✓ Able to understand Kannada.
- ✓ Available at the time of data collection.
- ✓ In the age group of 20-50 years.

Exclusion criteria

The Study Excludes the People, who are

- ✓ Not willing to participate in the study.
- ✓ Physically and mentally challenged.
- ✓ Suffering from chronic illness.

RESULTS

Part I: Assessment of levels of knowledge regarding Epilepsy among people residing in selected urban and rural areas of Bagalkot District.

Table 1 Levels of knowledge regarding Epilepsy among Rural & Urban People N=100

Level of knowledge	Rural		Urban	
	F	%	F	%
Excellent	1	2%	13	26%
Good	5	10%	37	74%
Average	41	82%	0	0%
Poor	3	6%	0	0%
Very Poor	0	0%	0	0%
Total	50	100%	50	100%

An assessment level of knowledge regarding epilepsy among rural and urban people reveals that, Most of rural people (82%) had average knowledge. Where as in urban area majority (74%) of the people had good knowledge.

Part II: Comparison of Knowledge Regarding Epilepsy between Rural and Urban People.

Table 2 Comparison of Knowledge Level of rural and urban People N = 100

Rural			Urban			Z Value
Mean	SD	Mean%	Mean	SD	Mean%	At 5% level of significance and two tailed test is 1.96.
16.3	±3.60	54.33%	23	±3.56	76.67%	

The Comparison of knowledge level of rural and urban people reveals that, a statistically significant difference was found between the knowledge of rural people (16.3±3.60) and urban people (23±3.56) regarding epilepsy at 0.05 level of significance [Z= 12.5]. It indicated that urban people had good knowledge regarding epilepsy as compared to rural people.

Part III: Association of the Knowledge Scores of People with their Socio-demographic Variables.

Table 3 Association of the Knowledge Scores of People with Their Socio-demographic Variables

Demographic Variables	Rural		Urban	
	Value of chi-square	Significance	Value of chi-square	Significance
Age	0.1	NS	3.85	NS
Gender	0.38	NS	1.87	NS
Religion	1	NS	1	NS
Education status	3.11	NS	1	NS
Occupation	0.19	NS	5.09*	S
Income	1	NS	3.17	NS
Marital status	1	NS	0.46	NS
Source of Information	1	NS	3.8	NS
History of epilepsy in Family	0.1	NS	4.01*	S

NS = Not significant * Significant (P < 0.05)

The association of the Knowledge Scores of People with Their Socio-demographic Variables shows that, there is no significant association found between knowledge of rural people with their demographic variables like age, gender, religion, education status, occupation, income, marital status and source of information and history of epilepsy.

Similarly, significant association was found between knowledge of urban people and demographic variables like occupation ($\chi^2=5.09$; $P<0.05$) and history of epilepsy in family ($\chi^2=4.01$; $P<0.05$). And no significant association found between knowledge of urban people with their demographic variables like age, gender, religion, education status, income, marital status and source of information.

CONCLUSION

The study concludes that there is a significant difference in knowledge between urban and rural people regarding epilepsy. Hence rural educational programmes should aim at creating awareness regarding causes, signs and symptoms and management of epilepsy to bridge the gap in knowledge difference between urban and rural people.

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