Original Research Article

Knowledge, attitudes and practices with respect to epilepsy among accredited social health activists (ASHAs): A study from rural part of Karnataka

Anil Kumar B N[1], Virupaksha K L[2*], Sushma Rayappa[3]

[1]Department of Psychiatry, Shridevi Institute of Medical Sciences and Research Hospital, Tumkur, Karnataka, INDIA.
[2]Department of General Medicine, Shridevi Institute of Medical Sciences and Research Hospital, Tumkur, Karnataka, INDIA.
[3]Department of Psychiatry, Mysore Medical College and Research Institute, Mysore, Karnataka, INDIA.
Email: virukl2008@gmail.com

Abstract

Background: Epilepsy is the second most common neurological condition with large treatment gap. Knowledge, attitudes and practices with respect to epilepsy among grass root health workers is one of the important factors in addressing the treatment gap. This study aims at assessing the knowledge, attitudes and practices with respect to epilepsy among Accredited Social Health Activists (ASHAs). **Materials and Methods:** Data was collected from 500 ASHAs working in 10 taluks of Tumkur district, Karnataka using Socio- demographic profile sheet and questionnaire designed to evaluate knowledge, attitudes and practices with respect to epilepsy. Study design was cross- sectional. **Results:** All ASHAs were females with mean age of 34.9 years, 80.4 % of them with working experience of more than 3 years and 97.2 % of them have studied above secondary education (8th class onwards). 97.2 % had heard about epilepsy but at least one fourth ASHAs have not read or seen seizure. Most of them would object their children association and would not allow marriage to person with epilepsy (PWE). 87.0 % think epilepsy is contagious, while 79.0 % believe epilepsy is a form of insanity. Around half of them considered epilepsy is due to evil spirit and punishment from God. **Conclusions:** Lack of knowledge, negative attitudes and practices toward PWE are widely prevalent among ASHAs. Hence, there is strong need to organize more educational and training programs on epilepsy to reduce the treatment gap and to dispel myths and misconceptions about epilepsy.

Key Word: Person with epilepsy; Knowledge; Attitude; Practices; Health care worker

***Address for Correspondence:**
Dr. Virupaksha K.L, Department of General Medicine, Shridevi Institute of Medical Sciences and Research Hospital, Sira Road, NH 4, Tumkur, Karnataka-572106, INDIA.
Email: virukl2008@gmail.com

Received Date: 12/04/2019 Revised Date: 22/05/2019 Accepted Date: 03/07/2019
DOI: https://doi.org/10.26611/10211117

Access this article online	
Quick Response Code:	Website: www.medpulse.in
	Accessed Date: 10 July 2019

INTRODUCTION

Epilepsy is the second most common and frequently encountered neurological condition which affects 70 million people worldwide and nearly 90% of them are found in developing regions. As per studies done in developing countries, median prevalence of epilepsy among rural and urban population is 1.54% (0.48-4.96%) and 1.03% (0.28-3.8%) respectively and there are more than 12 million persons with epilepsy (PWE) in India.[1] Epilepsy was estimated to account for 0.5% of the global burden of disease, accounting for 7,307,975 disability adjusted life years (DALYs) in 2005.[2] Epilepsy causes heavy burden on individuals, families, and also on healthcare systems.[3] In India, with around 12 million

How to cite this article: Anil Kumar B N, Virupaksha K L, Sushma Rayappa. Knowledge, attitudes and practices with respect to epilepsy among accredited social health activists (ASHAs): A study from rural part of Karnataka. *MedPulse International Journal of Medicine.* July 2019; 11(1): 32-37. https://www.medpulse.in/Medicine/

PWE and less than 2000 neurologists who mainly located in urban area, there is a huge need to strengthen epilepsy services, particularly in the rural and underserved areas.[4] In view of providing equitable, affordable and quality health care to the rural population, especially the vulnerable groups, Government of India launched National Rural Health Mission (NRHM) in 2005 and one of the key components of this is to provide every village in the country with a trained female community health activist (ASHA or Accredited Social Health Activist). Selected from the village itself, the ASHA will be trained to work as an interface between the community and the public health system. She would be a promoter of good health practices. ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services (NHM).[5] Though epilepsy well-known for more than 2,000 years (as described by Hippocrates) and anti-epileptic medications are available for treatment, wide treatment gap exists. In India, magnitude of epilepsy treatment gap ranges from 22% among urban population to 90% in villages.[6] So many patients are going untreated due to lack of knowledge, access to treatment, poverty, superstitions, cultural beliefs, stigma, and shortage of trained professionals.[7,8] Empowering primary healthcare workers to identify, assess, manage and refer the patients to treatment network is an important step in reducing the treatment gap. In this regard, appropriate dissemination of information and awareness-raising about epilepsy among ASHAs are of paramount importance. Since NRHM launch there are no studies from India to assess knowledge, attitudes and practices of ASHAs towards epilepsy.

MATERIALS AND METHODS

Tumkur district in Karnataka state, India has 10 taluks. All ASHAs working in 10 taluks were called for a meeting. They were explained about the aim of the study. ASHAs who were willing to participate in the study were enrolled and subsequently written informed consent was taken. Socio- demographic profile sheet and questionnaire designed to evaluate knowledge, attitudes and practices with respect to epilepsy were distributed among them. They were asked to read the questionnaire first and ask in case of problem in understanding any question. After answering their queries, they were asked to fill the questionnaires. It was cross-sectional assessment. Study was approved by Tumkur District Health Officer and Shridevi Institute of Medical Sciences and Research Hospital Ethical Committee, Tumkur.

Socio-demographic profile sheet: It includes demographic details along with the additional information about working experience as health professionals and attending any epilepsy workshop.

KAP assessment questionnaire: It is a 13-item semi-structured questionnaire designed to elicit awareness of existence of epilepsy, attitude toward epilepsy, knowledge of cause, manifestation, first aid measures and treatment option of epilepsy. It had been used in many studies across various countries.[9,10,11]

Statistical analysis: Frequencies with percentages were calculated for categorical variables and mean, standard deviation and median were calculated for continuous variables. Comparisons were done by using the Chi-Square test, and t-test. SPSS (Statistical Package for the Social Science) version 16.0 for Windows (Chicago, Illinois, USA) was used for analysis. Significance level was set at $P<0.05$.

RESULTS

Table 1: Socio-demographic profile

Socio- demographic variable	Frequency/Mean	Percentage/SD
Mean age at presentation (S.D.)	34.9	SD= ± 5.46
Age Group		
a. 20-30 Years	124	24.8
b. 31-40 Years	323	64.6
c. 41-50 Years	53	10.6
Marital status		
a. Married	498	99.6
b. Unmarried	2	0.4
Education		
a. Higher Primary Education	14	2.8
b. Secondary Education	366	73.2
c. PUC and Above	120	24.0
Religion		
a. Hindu	499	99.8
b. Muslim	1	0.2

Location		
a. Rural	499	99.8
b. Urban	1	0.2
SES		
a. Lower Middle Class	4	0.8
b. Middle Class	475	95.0
c. Upper Middle Class	21	4.2
Experience		
a. Less than 2 Years	98	19.6
b. 3-6 Years	131	26.2
c. 7-10 Years	271	54.2

Total sample consist 500 ASHAs working in various taluks of Tumkur district. All of them were females with mean age of 34.9 years (SD= ± 5.46). Majority of them were married (99.6 %), from Hindu religion (99.8 %), studied above secondary education (8th class onwards) (97.2 %) and belong to middle socioeconomic class (95 %). 80.4 % of them had working experience of more than 3 years as health professionals. None of them had previous exposure to epilepsy programs or workshops.

Table 2: Familiarity with epilepsy

Questions	Response	Percentage/SD
1. Have you ever heard about epilepsy?		
a. Yes	486	97.2
b. No	14	2.8
2. Have you ever read about epilepsy		
a. Yes	370	74.0
b. No	130	26.0
3. Do you know anyone who had or has epilepsy?		
a. Yes	424	84.8
b. No	76	15.2
4. Have you ever seen a seizure?		
a. Yes	379	75.8
b. No	121	24.2

About 97.2 % of participants had heard about epilepsy, 74.0 % had read about epilepsy and 75.8 % had witnessed a seizure while 84.8% had known someone with epilepsy.

Table 3: Understanding and attitudes toward epilepsy

Questions	Response	Percentage/SD
1. Would you object your child to play with people with epilepsy?		
a. Yes	307	61.4
b. No	193	38.6
2. Would you object to your child marrying with people who sometimes have seizures?		
a. Yes	375	75
b. No	125	25
3. Do you think people with epilepsy should be employed in jobs like other people?		
a. Yes	400	80
b. No	100	20
4. Do you think epilepsy is a form of insanity?		
a. Yes	395	79.0
b. No	105	21.0
5. Do you think epilepsy is contagious?		
a. Yes	435	87.0
b. No	65	13
6. Can Epilepsy be cured?		
a. Yes	462	92.4
b. No	30	6.0
c. I Don't Know	8	1.6

61.4 % would object to association with PWE, 75 % would not allow marriage with PWE, 80 % would offer equal employment to PWE. On the other hand, 87.0 % and 92.4 % of ASHAs think epilepsy is contagious and curable, respectively; while 79.0 % students believe epilepsy is a form of insanity.

Table 4: Knowledge and practices with respect to epilepsy

Questions	Response	Percentage/SD
1. Do you know the cause of epilepsy? (More than one answers possible)		
a. Brain Disease	146	29.2
b. Birth Defect	45	9.0
c. Hereditary	16	3.2
d. Evil spirit/ Witchcraft	193	38.6
e. Punishment from God	76	15.2
f. Blood disorder	12	2.4
g. Combination of various factors	249	49.8
2. What do you think is an epileptic attack? (More than one answers possible)		
a. Tonic/ Clonic movement	143	28.6
b. Foaming from the mouth	30	6.0
c. Loss of consciousness	29	5.8
d. Screaming	60	12.0
e. Combination of manifestations	238	47.6
3. What would you do if you noticed someone having a seizure? (Multiple answers possible)		
a. Take them away from danger	60	12.0
b. Put a spoon or cloth in the patient's mouth	49	9.8
c. Match stick smoke	32	6.4
d. Hold or tie them down	17	3.4
e. Put their head in a toilet hole	15	3.0
f. Force some medicine down the patients throat	15	3.0
g. Give iron materials to hold in hand	51	10.2