



Community knowledge of and attitudes toward epilepsy in rural and urban Mukono district, Uganda: A cross-sectional study



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ABSTRACT

Introduction: The lack of adequate knowledge poses a barrier in the provision of appropriate treatment and care of patients with epilepsy within the community. The purpose of this study was to determine the knowledge of and attitude towards epilepsy and its treatment by community dwellers in Uganda.

Methods: A cross sectional population survey was conducted in urban and rural Mukono district, central Uganda. Adult respondents through multistage stratified sampling were interviewed about selected aspects of epilepsy knowledge, attitudes, and perception using a pretested structured questionnaire.

Results: Ninety-one percent of the study respondents had heard or read about epilepsy or knew someone who had epilepsy and had seen someone having a seizure. Thirty-seven percent of the respondents did not know the cause of epilepsy, while 29% cited genetic causes. About seventeen percent of the subjects believed that epilepsy is contagious. Only 5.6% (21/377) of the respondents would take a patient with epilepsy to hospital for treatment. **Conclusion:** Adults in Mukono are very acquainted with epilepsy but have many erroneous beliefs about the condition. Negative attitudes are pervasive within communities in Uganda. The national epilepsy awareness programs need to clarify the purported modes of transmission of epilepsy, available treatment options, and care offered during epileptic seizures during community sensitizations in our settings.

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1. Introduction

Epilepsy is the most common chronic brain disorder globally and affects people of all ages. It is estimated that more than 70 million people worldwide have epilepsy, and 80% of them live in developing countries [1,2]. It is further estimated that about three-fourths of people with epilepsy in developing countries do not get the treatment they need [1]. Additionally, people with epilepsy and their families frequently suffer from stigma and discrimination from their communities.

A recent population study done in 5 African countries (Kenya, Tanzania, Uganda, Ghana, South Africa) showed a higher prevalence of epilepsy ranging between 7 and 15 per 1000 people. Study results

show that in Iganga district, in Eastern Uganda, the prevalence of epilepsy was 10.3 per 1000 people [3].

Epilepsy has been found to have a high preponderance in onchocerciasis-endemic areas with rates as high as 15–20 cases per 1000 people in Kabarole and Nebbi districts within Uganda [4,5,6]. Epilepsy may be secondary to neurological sequelae of viral, bacterial, and other parasitic infections (malaria and onchocerciasis) during and beyond childhood [7]. Having proper knowledge and attitudes are important agents in the provision of adequate care of subjects with epilepsy. This also influences the perceptions and attitudes of communities towards subjects with epilepsy and their families. Within communities, discrimination might impede the provision of adequate care and also increase stigma. Despite advancements in treatment, diagnosis, and care of individuals with epilepsy, proper treatment has been limited by the lack of adequate knowledge, associated beliefs, and attitudes among the community dwellers [5,8–11]. These perceptions and apprehensions vary by country and social context and may limit the implementation of individual or collective strategies to improve the quality of life of people living with epilepsy [12–14].

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