

PRIMARY SCHOOL TEACHERS' ATTITUDES TOWARDS PUPILS WITH EPILEPSY: THE ZIMBABWEAN EXPERIENCE AND IMPLICATIONS FOR PRACTICE.

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Abstract: *The study sought to investigate and determine primary school teachers' attitudes towards pupils living with epilepsy in Chirau South Cluster of Zvimba District in Mashonaland West Province. A survey research design was adopted. Teacher Attitude Questionnaire (TAQ) was the main data gathering instrument. Interviews were also used to supplement TAQ data. A sample of fifteen (N=15) primary school teachers was randomly selected from a population of sixty (60) teachers. Percentages were used to report the findings. The study found out that, although teachers' attitudes towards pupils living with epilepsy were generally positive, there were significant deficiencies in terms of general knowledge about epilepsy, its impact in educational settings and the appropriate management of epilepsy and seizures in the classroom. The study recommends that teacher training programmes include in their curriculum issues to do with epilepsy to conscientise and equip teachers with knowledge and skills on how to manage epileptic attacks in their classroom environments.*

Key words: *epilepsy, seizure, convulsions, froth, antiepileptic drugs attitude. Saliva*

Introduction

Epilepsy is the most common neurological problem of childhood, and its incidence is highest during the first decade of life (Seidenberg and Berent, 1992), a period during which children begin and complete a critical part of their social and educational development. It has frequently been shown that children with epilepsy, for a variety of reasons, are at an increased risk for a number of education-related problems that negatively impact their current quality of life (Austin, 2002). This further places the children at an increased risk for psychosocial problems later in adolescence and adulthood (Williams et al, 2003). Specifically, children with epilepsy are at an increased risk for educational underachievement, learning disabilities, mental health problems, social isolation and poor self-esteem (Williams, 2003; Sharra, Rimm-Kaufmann and Panta, 2002). This educational underachievement is likely to be due to many factors including the seizures themselves, anticonvulsants used to treat seizures, the psycho-behavioural problems, and the stigma and discrimination often experienced by persons with epilepsy (Trimble, 1986). Among these multi-faceted factors, stigma and discrimination against epileptics are probably more devastating than the seizures themselves (Austin, 2002). Teachers' knowledge about and attitudes towards epilepsy can have a direct impact on students with epilepsy in terms of school performance, social skill development and post school success in the areas of employment, social skills and social network development (Hsieh and Chiou, 2004). However, despite the significant impact of teachers' knowledge and attitudes towards persons with epilepsy, very little research, has been conducted in

Zimbabwe either to assess the degree to which teachers possess accurate knowledge and information about epilepsy or to gauge teachers' attitudes towards pupils with epilepsy.

Teachers' attitudes towards their pupils can influence classroom interactional patterns between the teacher and pupils or among pupils themselves. Negative attitudes may lead teachers to stigmatise or discriminate against epileptic pupils. This is quite detrimental to the pupil's academic pursuits because a rejected pupil may not learn effectively. Teachers at this level were targeted due to the importance of these early stages in the school career of the child with epilepsy. The study aims to assess and gauge primary school teachers' attitudes towards pupils living with epilepsy in Chirau South Cluster in Zvimba District, Mashonaland West, Zimbabwe.

Theoretical Framework

This research study is informed by the Person-Centred Theory which describes the psychological environment where a person feels free from threat, both physically and psychologically. Kensing (2001) says that an important part of this theory is that in any particular psychological environment, the fulfilment of personal potentials includes sociability, the need to belong to others which environment could be achieved when in a relationship with someone who is deeply empathetic, having unconditional positive regard and being genuine. One of the core conditions is unconditional positive regard in which it is believed that for people to grow and fulfil their potential, it is important that they are valued

uniquely. Thus, the person-centred teacher is careful to always maintain a positive attitude towards the epileptic. The person centred approach recognises and values the person; hence, its importance in informing this study since the teacher, in dealing with pupils who are epileptic, should communicate all the fore mentioned attributes. According to Davies (2005), the most important factor in achieving these conditions is not the teacher's skill but his or her attitude.

Background to the Study

According to Kobau and Price (2003), epilepsy is more prevalent in the early years of life. Persons with epilepsy risk developing a variety of psychological problems which may include depression, anxiety and psychosis (Dalrymple and Appleby, 2000). It has further been observed that sociocultural attitudes impact negatively on the management of epilepsy in many African countries (Nubukpo et al, 2003) and the disorder is associated with superstition, discrimination and stigma in many African countries (Awaritefe, Longe and Awarife, 1985). Still deeply rooted in these communities is the idea that the cause of epileptic attacks is possession by evil spirits.

Widespread ignorance, fear and misunderstanding have contributed negatively to the management of epilepsy. According to Ahmed et al (2006), many children who have seizures of any kind are first seen and treated by religious or traditional healers. Mezue and Mezue(1989) lament that epileptic children suffer untold social deprivation and discrimination in education which may be more devastating than the disease itself. It has been argued that children with epilepsy have the same range of intelligence and abilities as the rest of the population (May and Pfafflin, 2002). Most children with epilepsy can and should attend regular school, with their activities limited only by certain factors.

However, the attitudes towards school pupils with epilepsy are influenced by the degree of school teachers' knowledge of the disorder (Ozer, 1991). Teachers usually do not have any formal instruction on epilepsy during their training, so they should be correctly informed about the disorder and encouraged to have a positive attitude towards the condition. It is assumed that other children would be quite helpful if they are aware that the seizure is not contagious, motivating them to offer help and pass on information on epileptic care to their families and friends (Bribeck et al 2006). To date, there is little research on public attitudes towards epileptics in Zimbabwe. In order to ensure the proper

management of epilepsy, it is critical to have a clear understanding of community attitudes towards the condition. Community attitudes are pervasive and they also influence teachers' and pupils' attitudes towards epileptics. This justifies the need to determine the attitudes of primary school teachers towards pupils with epilepsy since they work with children for the greater part of their professional lives. Thus, it is vital for teachers to have general understanding of forms, effects and treatment of epilepsy. An awareness of people's beliefs about epileptic seizures is also paramount.

Types of Seizures

Heward and Orlansky (1992) identify three major forms of epilepsy which are grand mal, petit mal and psychomotor seizures. Knoblock (1987) points out that many misconceptions about epilepsy are due to people's failure to understand these forms.

Grand mal

Grand mal involves stiffening of muscles and loss of consciousness after the epileptic has fallen to the ground with the whole body shaking violently. Saliva is formed at the mouth and legs and arms may jerk and the individual may lose control of the bladder and bowels. This can be disturbing and frightening to someone who has never seen the attack before. People hold the view that through this saliva epilepsy is contagious. Pupils who witness a classmate under seizure attack may be shocked and live in perpetual fear of the attack. Both the teacher and pupils may develop negative attitudes towards epileptic pupils.

Petit mal

Petit mal or absence seizures are characterised by brief episodes of loss of consciousness (Heward and Orlansky, 1992). The typical features include staring, eyes going upwards and eyelids flickering, usually mistaken by most teachers as day-dreaming (Smith, 1998). Thus, affecting both memory and learning. Knoblock (1987) reports that petit-mal is a real problem that may interfere with classroom performance and this is the basis for the belief that pupils living with epilepsy have low intelligence. Buchanan (1990) observed that many teachers believe that pupils living with epilepsy have low intelligence, so consequently do not put more effort to assist them.

Psychomotor seizures

According to Buchanan (1995), psychomotor seizures appear as brief periods of inappropriate or purposeless activity. The pupil may lick lips, walk around aimlessly, pull at clothes or shout. This is because the child may hear strange voices or have visual hallucinations. Pupils may experience partial loss of consciousness. Giel (1986) reports that the pupil may be thought to have been attacked by evil spirits.

There have been many misconceptions about epileptic sufferers. Patton et al, (1987) observed that people with epilepsy have been stigmatised on the basis that they are presumed to be mentally ill while Barker and Jacoby (2002) state that there is a popular belief that epileptics are lunatics. Ysseldyke and Algozzine (1990) note that epileptic seizures are not dangerous but only that they are sources of many educational and social problems. At school, teachers can assist pupils living with epilepsy by attempting to correct misconceptions of other pupils regarding the condition.

Many African people fear it can be brought about through witchcraft. Jilek-Aall (1999) reports that the Wapogoro people in Tanzania believe that a child might become epileptic as a result of an adulterous pregnant mother. This makes it difficult for people to accept that antiepileptic drugs can be effective in treating epilepsy and as a result family members have always consulted traditional diviners to determine the cause of convulsions instead. When seizures fail to stop, the family feels guilty and the epileptic may eventually be avoided or hidden away, thus, resulting in the epileptic child not going to school.

Traditional explanations of epilepsy contribute to the stigmatisation of epileptic sufferers. The notion of epilepsy as a contagious disease, which is widespread in both Europe and Africa, has been the major reason for the miserable existence of epileptic sufferers. In very extreme cases, they were condemned to a social outcast existence. They were discriminated against and even ostracised.

Effects of Teachers' Attitudes Towards Pupils Living with Epilepsy

The person-centred approach posits that all pupils with epilepsy benefit from accepting attitudes by teachers and classmates. Beveridge (1992:92) says that teacher attitudes towards pupils, and the extent to which these are communicated are fundamentally important and can influence the ways in which individual pupils perceive themselves as well as the way they are viewed by their peers. One predominant teacher attitude towards pupils

living with epilepsy is fear (Hallahan and Kauffman, 1986). This can be fear of the seizure itself or fear of being near a pupil who is under attack. Smith (2001) says that the dramatic behaviours exhibited during a seizure attack may be frightening to the teacher and classmates alike. So, teachers are guilty of reacting to epileptic seizures with fear thus influencing pupils to react in the same manner when a fellow pupil is under attack.

This is based on the misconception that epilepsy, through saliva, is contagious. Literature shows that teachers put wrong labels on pupils living with epilepsy thus revealing their attitudes towards the epileptic pupil. Such labels have social and educational implications on the epileptic. With simple partial seizures, teachers may incorrectly believe that the pupil is acting out or exhibiting bizarre behaviour patterns (Smith, 2001). In this case, a pupil is labelled as having behaviour problems to which he or she may be unfairly treated or punished. Teachers may think pupils living with epilepsy have low intelligence but Hallahan and Kauffman (1986) refute this and report that about 70% of epileptics have normal or high intelligence. Where pupils are classified as having low intelligence due to epilepsy, they may be excluded from partaking in active sports and other activities, yet, some known epileptics have made lasting contributions in many fields. Some teachers react to pupils with epilepsy by rejecting them, refusing to accept them once they become aware of their health impairment. Cartwright, Cartwright and Ward (1995:204) lament that, "Perhaps the greatest hurdle for children with convulsive disorders is the social and emotional trauma of rejection by adults and peers who are uninformed and unsympathetic about their disability." On the other hand, Gearheart et al (1992) say that the greatest limitation imposed by epilepsy is not the condition itself, but the misinformation, antiquated, outmoded attitudes and in many cases, consistent rejection in a society that fears what it does not understand.

Not all teachers show negative attitudes towards pupils living with epilepsy. Some teachers create positive learning environments in which all pupils feel that they are valued members of a mutually supportive class group. Negative attitudes can emerge from the influence of society. Meijer, Pijl and Hergaty (1994) observed that attitudes of parents, teachers and peers are, most likely, a reflection of prevailing attitudes in society. Studies by Jilek-Aall (1999) in Tanzania, South Africa, Zimbabwe and Madagascar reveal a link between epilepsy and misdeeds, especially of parents. This is an attitude that teachers take into schools where they teach and

perpetuate them, thus, making the life of epileptics quite miserable. Teachers' negative attitudes have far-reaching consequences for epileptic pupils. Negative attitudes have probably been more harmful to epileptics than the condition itself (Heward and Orlansky, 1988). On that note, Smith (2001) commented that fear and social stigma inhibit normal emotional, social and educational development of pupils living with epilepsy.

Epileptic pupils can fear teachers and other pupils because they are discriminating, resulting in their reluctance to attend school due to teasing by the teacher or other pupils. Bhargava (1998) says that pupils living with epilepsy become backward and perform poorly due to negative attitudes by teachers. As a result, they make excuses for not attending classes leading to truancy which causes poor academic performance at school and may drop out in the end. Beveridge (1993) says that, where pupils repeatedly experience failure in their learning, this negative impact on their self-esteem thus doubting their competencies. There are feelings that are generated by negative teacher attitudes in pupils living with epilepsy and these include rejection, fear, insecurity, hopelessness, embarrassment, guilt and low self-esteem all resulting from the teacher's negative reaction to a child's impairment. Teachers need to devise strategies to improve their attitudes towards pupils living with epilepsy so as to boost their self-esteem.

Improving Teacher Attitudes towards Pupils with Epilepsy

The development of positive attitudes towards pupils living with epilepsy is an ingredient that is required if all pupils are to learn successfully. Westwood (1997) says that teachers and other pupils need to be as accepting, positive and knowledgeable about the condition so that they can effectively advise parents on how to assist an epileptic child. This helps to stop labelling pupils thus a paving way for attitude change.

Teachers also need to have working knowledge on how to handle the various types of seizures.. Talking publicly about epilepsy can help change teachers' attitudes towards pupils living with epilepsy. Teachers have to discourage pupils from using offensive and incorrect language to any person affected by the condition (Heward and Orlansky, 1992). Awareness campaigns can help in improving teachers' attitudes towards pupils living with epilepsy.

Table 1: Distribution of population in the study by school and gender.

	Individual School Establishment	Number of Teachers Selected From Each School
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Statement of the Problem

There is a general tendency by teachers to react impulsively whenever a pupil in their class is suddenly under epileptic attack. As such, it was observed that, in schools, pupils living with epilepsy tend to be feared whenever they are under attack or they are ignored and discriminated upon because they are epileptic. This unfair treatment of epileptics by school communities gave the researchers the impetus to find out primary school teachers' attitudes towards pupils living with epilepsy in Chirau South Cluster in Zvimba District of Mashonaland West Province, Zimbabwe.

Research Questions

- What beliefs do primary school teachers have about epilepsy?
- What kind of attitudes do primary school teachers have towards pupils living with epilepsy?
- Are primary school teachers aware of psychosocial issues affecting pupils living with epilepsy?
- Do primary school teachers have the requisite management skills to help a pupil under seizure attack?

Methodology

The survey design was adopted in this study. This was influenced by the nature of the research topic which investigated beliefs and attitudes. Sidhu (1997) states that a survey attempts to describe what exists at present in the form of conditions, practices, processes, trends, effects, attitudes and beliefs. A survey design can reach into personal feelings through attitudes scales, hence, the use of Teacher Attitude Questionnaire (TAQ) which was used as the main research data gathering.. Supplementary data was gathered through follow up interviews with the participants.

Population and Sample

At the time of the study, Chirau South Cluster, which comprised five schools, had 60 primary school teachers. These formed the population of the study. Table 1 below shows the population and sample distribution by school.

School		
A	12	3
B	12	3
C	12	3
D	16	4
E	8	2
Totals	60	15

For this study, a randomly selected sample of fifteen participants (N=15) was used. Simple random sampling technique was used to come up with a sub-sample of fifteen teachers from the five participating schools. The fifteen teachers chosen translate to 25% of the population. This is representative enough as this is more than the minimum of 20% which Van Dalem (1979) prescribes.

Sampling Procedure

The researchers used simple random sampling procedure which ensured that every member of the population had an equal chance of being selected. Teachers from the participating schools picked cards on which 'No' and 'Yes' were written. Those who picked "Yes" cards became part of the sample.

Data Collection Instruments

Teacher Attitude Questionnaire (TAQ) was used as the main instrument for data collection. Questionnaires ensure confidentiality and guarantee anonymity, so participants are protected and are freer to give information without fear of reprisals (Mhlanga and Ncube, 2003). The TAQ consisted of attitude statements which involved participants choosing one response alternative from AGREE, NOT SURE and DISAGREE. To supplement questionnaire data, follow up interviews were conducted with the participants.

Data Analysis

The researchers used frequencies and percentages to present and analyse data.

Percentages for each response item were computed and an analysis of the results was then made. Interview data were analysed qualitatively to report on the participants' attitudes, thus, supplementing questionnaire-obtained data.

Results

Table 2: Teachers' Responses (N=15)

Attitude Statement	AGREE N %	NOT SURE N %	DISAGREE N %
1. I know epilepsy as a contagious disease.	3 (20)	1 (7)	11 (73)
2. I regard pupils with epilepsy as different from others because they have low intelligence.	1 (7)	1 (7)	13 (86)
3. Pupils living with epilepsy should learn in special schools.	8 (53)	0 (0)	7 (47)
4. During an epileptic seizure, the whole learning process is disturbed.	11 (73)	1 (7)	3(20)
5. Soon after the seizure, the pupil living with epilepsy should clean up his/her saliva and urine.	12 (80)	3 (20)	0 (0)
6. It is unsafe for me to touch a pupil who is having a seizure.	1 (7)	2 (13)	12 (80)
7. Epilepsy is a frightening condition.	7 (47)	0(0)	8 (53)
8. I do not have the necessary skills to help a pupil	9 (60)	1 (7)	5 (33)

during a seizure disorder.			
9. It is unwise to give a pupil living with epilepsy special responsibilities in class.	2(13)	0 (0)	13 (87)
10. Pupils living with epilepsy should not participate in active sports.	2 (13)	2 (13)	11 (74)
11. Educating pupils living with epilepsy is a waste of resources.	0(0)	0 (0)	15 (100)
12. My attitudes towards pupils living with epilepsy are due to my traditional background.	6 (40)	4 (27)	5 (33)
13. My attitudes towards pupils living with epilepsy emanate from my religious teachings.	4 (27)	0 (0)	11 (73)

Discussion

The study aimed at getting informative ideas about primary school teachers' attitudes towards pupils with epilepsy.

Is epilepsy contagious or not?

The majority of the respondents, (73%) said that epilepsy is not contagious and described it as a chronic condition. The August/September 2000 issue of *Epilepsy Backup*, a Newsletter of the Epilepsy Support Foundation of Zimbabwe reports that epilepsy is not a disease as many people perceive, but is just a medical condition and cannot be passed onto others. Thus, viewing epilepsy as contagious is erroneous. Only a smaller percentage reported that epilepsy was contagious confirming what Jilk-Aall(1999) observed that there is always the belief that epilepsy is transferable.

Epileptics and intelligence levels

Eighty-six percent of the respondents disagreed that pupils living with epilepsy have low intelligence. They believed that epilepsy does not affect one's mental ability. During interviews, most respondents said that epileptic pupils are normal pupils, and as such epilepsy does not affect pupils' intellectual ability. Epileptic pupils were reported to have weaknesses just like other pupils. It was observed by Buchanan (1995) that many pupils with epilepsy achieve well at school, both academically and socially. A smaller percentage indicated that epileptics have low intelligence indicating that such notions are held by people.

Epileptics: mainstream or special class?

The majority, 53% of the respondents indicated that pupils living with epilepsy should learn in special schools. The reason advanced by the respondents is that,

in special schools, there are specialists who can handle epileptic cases. In a survey among 142 school teachers in North Staffordshire in the United Kingdom, Bannon et al (1992) found out that most of the respondents did not feel confident when teaching children who had epilepsy thus confirming notions held by most participants in this study. On the contrary, 47% of the respondents argued against the idea of placing epileptic pupils in special schools. One interviewee revealed that epilepsy is not a mental defect, but a condition which comes and goes, so it is baseless to separate pupils with epilepsy from their peers because the condition is not contagious.

Epileptic seizures and class learning

The majority of the respondents (73%) indicated that teaching and learning is affected during a seizure. One interviewee said that some epileptics make so much noise that teaching and learning is disturbed. This is consistent with a report by Ahmed et al (2006) who observed that seizures can briefly interrupt the teaching and learning process and so this is why some teachers are reluctant to teach pupils with epilepsy.

Should epileptics clean their mess after an attack?

The majority of the respondents (80%), indicated that the concerned epileptic pupil should clean up his/her mess after an attack for hygienic and health reasons. Naturally, no other student would be comfortable to remove someone's dirt. The problem of loss of bladder control is typical of grand mal seizures. Some interviewees argued that one can contract epilepsy from the saliva of someone under attack hence no one should clean the mess of the epileptic. The *Epilepsy Backup* August/September (2000) report says that saliva is harmless. The saliva is due to air pressure from lungs which forces the saliva in the mouth to froth. Due to fear of saliva, respondents felt that the epileptic should clean up his or her own saliva or urine, a situation which is

embarrassing to the sufferer after gaining consciousness because of the embarrassment that grand mal seizures cause. In fact, seizures have resulted in some pupils dropping out of school altogether. This calls for teachers to create supportive environments for pupils with epilepsy, where with proper knowledge; the teacher can take appropriate action in such situations.

Epileptic seizures and the health of other students

On the issue of epileptic seizures and the health of other pupils, the majority of the respondents (80%) indicated that there was nothing wrong with touching and assisting a pupil during an epileptic attack. These respondents felt that it was their obligation to assist since such a pupil may fall onto a dangerous place. Such confidence and awareness should empower teachers to be able to help epileptic pupils in whatever way possible. Only 13% of the respondents indicated that they did not know what to do in the event of a seizure attack. This confirms what Kankirawatana(1999) found out in a study he conducted that eight-five percent of the respondents admitted to being not well informed about epilepsy.

Is epilepsy a frightening condition?

On the issue above, 47% of the respondents indicated that epilepsy was frightening. They said that it was difficult in the case of grand mal seizures to know whether the affected pupil would recover or not. In line with this thinking, Smith (1998) also observed that dramatic behaviours exhibited during grand mal seizures may be frightening to the teacher. This would mean that teachers end up hating pupils who experience seizure attacks. On the contrary, 53% of the respondents disagreed that epilepsy was frightening. One view which emerged during interviews was that epilepsy was just like any other disability, so it should not be treated as a frightening or scary condition. Heward and Orlansky (1992) lamented that teachers are guilty of reacting to pupils living with epilepsy with fear which is based on the misconception that the condition is transferable.

Teachers' management skills in dealing with epileptic seizures

On management skills of epilepsy, 60% of the respondents agreed that they lacked the requisite skills to help a pupil during a seizure disorder. This indicates that teachers could not properly handle the situation when it occurs. In studies done elsewhere, teachers reported having insufficient knowledge about epilepsy, inadequate training in their teacher preparation, and

possess erroneous and potentially dangerous ideas about first-aid management of seizures (Hsieh and Chiou, 2001; Kankirawatana, 1999). Ideally, teachers should be aware of basic procedures for helping a pupil during a seizure disorder, thus engendering in them more accepting attitudes towards epilepsy sufferers (Cartwright et al, 1995). The fact that the majority of respondents indicated that they lacked sufficient knowledge about epilepsy, calls for greater efforts in epilepsy education to strategic groups such as student teachers and practising school teachers. This would lessen the myths and fears associated with epilepsy (Kim et al, 2003).

Epileptics and special classroom responsibilities

On whether epileptics should be given classroom responsibilities, the majority of the respondents indicated that epileptic pupils should be given class duties just like other pupils. This would enhance their self-esteem as well as bolstering their belongingness and love needs. On this note, Buchanan (1995) says that teachers should work out strategies to build pupils' self-esteem and give them opportunities to succeed. Giving pupils living with epilepsy class responsibilities is one such strategy. Only a smaller percentage indicated that pupils living with epilepsy should not be given special responsibilities in class. The main reason they gave was that epilepsy attacks at any time, so a pupil may be affected in the course of carrying out an assigned task. This confirms what Hsieh and Chiou (2001) found out in their study that children with epilepsy were less encouraged by teachers in some classroom activities. Prejudice, especially in schooling often limits and isolates pupils with epilepsy (Kim et al, 2003) thus resulting in stigmatisation and discrimination against pupils living with epilepsy.

Epileptics and participation in sport

Ministry of Education, Sport, Arts and Culture states that no child should be discriminated upon in doing sports. The majority of the respondents indicated that epileptic pupils should do active sports for interaction and socialization purposes (Gearheart et al, 1992). It also emerged from the interview that sport is regarded as good for pupils' health; hence participation should be done by all pupils. Buchanan (1995) points out that epilepsy does not prevent full participation in school activities including sports. Only a few respondents said that epileptics should not do sports because they are ill.

Is educating epileptics a waste of resources?

Education is a human right to which every child is entitled. In this study, all participants indicated that educating pupils living with epilepsy is not a waste of resources. The interviewees said that all children should be sent to school as a human right and that pupils living with epilepsy can contribute positively to the economic development of the country if given the right education. It must, therefore, be the teachers' and parents' roles to ensure that every child has equal access to education, whether epileptic or not.

Traditional background and teachers' attitudes

One's traditional background has an influence on attitudes towards pupils living with epilepsy as shown by 40% of the respondents. This implied that some respondents' attitudes towards pupils with epilepsy may be a reflection of what they grew up hearing in society. The researchers learnt from respondents that some people held the view that epilepsy is caused by avenging spirits (*ngozi*) or angry ancestral spirits resulting from breaking a taboo. Teachers who subscribe to this view may not appreciate the role of medication in helping epilepsy sufferers. 27% of the participants indicated indecision about the influence of culture on attitudes. In an interview, one respondent remarked that he was inexperienced on matters relating to epilepsy and its link with culture. Buchanan (1995) observed that teachers need to know and have an in-depth understanding of the nature of epilepsy. 33% of the respondents disagreed that their attitudes are influenced by culture. Some interviewees believed in the medical aspect of epilepsy and appreciated the need for medical treatment of the condition. Jilek-Aall (1999) noted that people who view epilepsy as a medical condition accept that antiepileptic medication can be effective in controlling it.

Religious beliefs and teachers' attitudes

Some interviewees indicated that they knew epilepsy as possession by evil spirits. A member of the local Pentecostal Church who was part of the sample claimed that his denomination sees people with epilepsy as possession by demons. The convulsions associated with grand mal seizures are mistaken for evil spirit possession as observed by Jilek-Aall (1999) that the belief that epilepsy is a demonic disease is widespread in many parts of the world. Teachers with this belief may not recommend such pupils for medical help, but for exorcism of the demon. Awarife et al (1985) concur that some communities have deeply rooted notions that the cause of these frightening attacks is possession by evil spirits. On the contrary, 73% of the respondents

disagreed that religious teachings have an impact on one's attitude. Respondents felt that attitudes towards epilepsy are more social than religious teachings. The November/December 2001 edition of *Epilepsy Backup* states that love of humanity brings with it great changes to the lives of people living with epilepsy. Thus, conscientious teachers should be driven by the love of people when interacting with pupils living with epilepsy in their classrooms thus treating them according to the person-centred approach.

Conclusion

The results of the study suggested that although the respondents' attitudes towards pupils with epilepsy were generally positive, there were significant deficiencies in terms of general knowledge about epilepsy. This included its impact in educational settings and the appropriate management of the epileptic condition and seizures in the classroom. The study established that the majority of the respondents have positive attitudes towards pupils living with epilepsy. The study also found no discrepancies in academic performance between pupils with and those without epilepsy and that epilepsy is not a contagious condition. On the other hand, the study also established that a minority of teachers have negative attitudes towards pupils living with epilepsy. The major reason cited was lack of knowledge about epilepsy and that some teachers have never witnessed a seizure disorder before.

Recommendations

In view of the findings, the study makes the following recommendations:

- Teachers' Colleges and Education departments in universities are encouraged to teach about epilepsy so as to churn out graduates who are capable and competent in dealing with cases of epilepsy and seizures in classrooms.
- Workshops on practical management of epilepsy and seizures can be organised to benefit teachers and other stakeholders at school and cluster levels.
- The Education Ministry can set aside a day annually on which schools participate in information dissemination on epilepsy.
- Persistent and effective information campaigns are necessary to change teachers' attitudes toward epileptics, and
- The findings of this preliminary study should provide a useful starting point for a future in-depth population-based survey.

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