

Unbelievable Beliefs behind Epilepsy: A Case Report from South West Ethiopia

Andualem Henok^{1*} and Tafesse Lamaro²

¹Department of Public Health, Mizan-Tepi University, Mizan, Ethiopia

²Department of Nursing, Mizan-Tepi University, Mizan, Ethiopia

*Corresponding author: Andualem Henok, Department of Public Health, Mizan-Tepi University, Mizan, Ethiopia, E-mail: andualemhenok@gmail.com

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Case Report

Epilepsy is a common and chronic neuro-disability that affects over 60 million people worldwide. The vast majority lives in low- and middle-income countries. Three-fourths of people with epilepsy in these settings remain untreated; this is known as the treatment gap [1]. Social acceptance of people with epilepsy is largely dependent on several population ideas of epilepsy and often represents a considerable problem for patients and their families. Social discrimination against people with epilepsy is mainly due to or can be deduced from an incorrect idea of helplessness, personal sensitivity, or mental retardation, or fear of being confronted with seizures [2].

Studies show that paucity of good knowledge of epilepsy probably resulted in negative attitude and beliefs despite high level of education [3]. The level of knowledge and understanding about epilepsy among parents of epileptic children needs improvement in many setups. Many parents have significant misconceptions, negative attitudes, and poor parenting practices [4]. There is a need to create awareness about epilepsy on a nation-wide basis to dispel the misconceptions and stigma through effective and robust programs with the aim to lessen the disease burden [5]. Myths, perceptions, and incorrect knowledge are driven by the long held misunderstanding of epilepsy. When such misunderstanding is put into practical use, it becomes the basis for discrimination. Therefore, with all the confirmed myths, perceptions, and incorrect knowledge surrounding people with epilepsy, they are easily excluded [6].

This paper presents extreme case that is affected by extreme discrimination. The case study was conducted in Menit community which is found in south west Ethiopia. In the community there are many individuals who are suffering from the disease. But the exact magnitude is not known yet. Despite the lack of scientific study in the area one can easily observe the burden of disease among the community specially the severity of stigma and discrimination. This report would provide insight and it may encourage researchers to explore the extent of the problem. The paper was prepared after interviewing the epileptic case who was suffering from stigma and discrimination. The very nature of the stigma and discrimination emanates from the fact that the community including the family members of the victims believe that the disease is contagious, the result of evil spirit and curse from God. Victims in this area are suffering from double burden. One is from the disease itself and the other, from the stigma and discrimination. In the area one episode of seizure attack is large enough to isolate victims from the community. What the community does when they find epileptic cases is to isolate them from the community and send them to town.

Seventeen years old girl who had experienced one episode of seizure sent to town from the rural community of Menit and left homeless. She

is from one of respected community leader who is very rich in the vicinity having more than 600 cattles. He is much respected in the community. One day, his 17 years old lady fallen down and shown abnormal body movement, which the community diagnosed it as Biriyo (to say Epilepsy). From that time onwards people stopped to go to this respected community leader's home. And those in leader's house also stopped to drink and eat with the lady. Even they stopped to sit with her. To avoid the exclusion from the community what her father did was to send her to the town which is some 52 kilometers from their home and left her there.

A 17 years old lady reported this:

Just before, in our home I had enjoyable life with my family. My Dad loves me very much and I love him too. He is very rich man in the community. He fulfils everything I need because he has many things. One day I lost my consciousness and fallen down. Everyone in the community made it a big issue. The people suspected that I got epilepsy. Look I am not sure that I have got this disease or not. People stopped to come to our home. My father was isolated from the community. What he did was to send me to town. Now I am in this town. I am homeless and helpless. No one gives me food. I am now worthless. I miss my dad but I can't see him. I have to wait here at least for five years. After finishing this duration of time I will go back to my home. There they will check me at least for five days whether the disease has been removed from my body or not. It is only after they checked that they accept me." This problem is not just the case of the lady. Many people are suffering from such stigma and discrimination. Government and other concerned bodies are responsible to create awareness in the area. Researchers are recommended to conduct study to identify the magnitude and root cause of the problem.

References

- Otte WM (2013) Understanding of and attitudes towards people with epilepsy among community-based rehabilitation volunteers in Guinea-Bissau *Epilepsy & Behavior* 28: 196-200.
- Daoud A (2007) Public knowledge and attitudes towards epilepsy in Jordan *Seizure*. Pubmed 16: 521-526.
- Ojinnaka NC (2002) Teachers' perception of epilepsy in Nigeria: a community-based study *Seizure*; 11: 386-391.
- Zaini LE, Atteyah DM, Aldisi W, Abdulkarim HA, Al-helo RF, et al. (2013) Parent's Knowledge and Attitudes towards Children with Epilepsy. *Pediat Therapeut* 3: 157.
- Hashmi SJ, Dixit JV (2012) Knowledge attitude and practice of epilepsy among patients and family members attending urban health and training centre, India *GJMEDPH* 1(5). Aurangabad.
- Mugumbate J, Mushonga J (2013) Myths, perceptions, and incorrect knowledge surrounding epilepsy in rural Zimbabwe: A study of the villagers in Buhera District. *Epilepsy & Behavior* 27: 144-147.