



KIBOGORA POLYTECHNIC



FACULTY: HEALTH SCIENCES

DEPARTEMENT: GENERAL NURSING

**TOPIC: COMMUNITY PERCEPTION AND SUPPORT OF
EPILEPTIC PATIENTS IN RUSIZI DISTRICT IN RWANDA**

Case study: Gihundwe district hospital Catchment area

The research paper submitted in partial fulfillment of the requirements for the Bachelor's degree with honor in health sciences

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DECLARATION

We Louise MUSABENDE and Marcelline NYIRANSABIMANA, hereby declare that this is our own original work and not a duplication of any similar academic work. It has therefore not been submitted to any other institution of higher learning.

All materials cited in this paper which are not my own, I have been dully acknowledged.

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DECLARATION BY THE SUPERVISOR:

I declare that this work has been submitted for examination with my approval as KP supervisor.

Supervisor's name

Date

DEDICATION

We are dedicating our research thesis to almighty God. Our beloved parents, our brothers, our sisters, my husband, my fiancé, all our family members, our supervisor, our lecturers and all our work mates, colleagues and relatives.

May God bless them all.

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May God bless them.

ABSTRACT

Introduction epilepsy is a central nervous system (neurological) disorder in which brain activity becomes abnormal, causing seizures or periods of unusual behaviors, sensations and sometimes loss of awareness.

Study objectives the purpose of this study is to examine the status of community perception and support of patients with epilepsy. The study was based on three objectives namely; (a) to determine community perception towards epileptic patients, (b) to assess the societal attitudes towards people living with epilepsy and (c) to determine the levels of social support towards people living with epilepsy in RUSIZI district catchment of Gihundwe district hospital.

Methodology A quantitative approach and descriptive method , and convenience sampling technique were used in the study. Data collection used a self-report questionnaire. Data were analyzed using the SPSS for windows version 23.

Findings the majority of respondent knows ,but don't have know the cause , the risk factors and the sign and symptoms of epilepsy.Community perception of epileptic patient thinking that she/he gives born of baby having epilepsy, thinking that they have infertility, thinking that it is imperfection having different news and isolate them. Community support he/she don't have enough knowledge about support of epileptic patient on crisis, same nothing to do, call their family other put something in their mouth.

Conclusion Based on findings of the study, we can conclude that the people of Rusizi district do not have enough knowledge. According perception of epileptic patients, an epileptic patient is considered as an abnormal person and that may lead to social isolation. According support of epileptic patient, an epileptic patient is nothing to do but community is interested to support epileptic patients but doesn't have enough knowledge about first aids intervention in case of crisis.

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LIST OF ABBREVIATIONS, ACCRONYMS AND SYMBOLS

%: Percent

AED: Anti-epileptic drugs

AEM :Anti-epileptic medication

CP: Community perceive

CS: Community support

DRC: Democratic Republic of Congo

GDH: Gihundwe District Hospital

ILAE: International League against Epilepsy

KP: Kibogora Polytechnic

OPD: Outpatient department

PWE: People with Epilepsy

SPSS: Statistical Package for the Social Sciences

TH :Traditional healer

WHO: world health organization

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CHAPTER ONE: GENERAL INTRODUCTION

1.0. INTRODUCTION

This chapter will be concerned with the background of the study, statement of the problem, purpose of the study, research questions, and objectives of the study, significance of the study, limitations of the study and the scope of the study about community support and epileptic patients.

1.1. BACKGROUND OF THE STUDY

Epilepsy is a common serious neurological condition with an estimated 50 million people affected worldwide (World Health Organization Media Centre, 2012). Social burdens arise not only from the condition itself but also from its social meanings and actual or feared discrimination. This situation is often conceptualized in terms of stigma. The notion of stigma was developed in interactionist terms, defining it as the process by which the reaction of others spoils normal identity. (Disease, 2011).

In Italy, the study conducted in September 2019 showed that the most frequently mentioned perceived causes for epilepsy were stress (91%), substance use (61.8%), and bad spirits (49.8%) while loss of consciousness, falling (80.7%) and sleep problems (78%) were considered symptoms of epilepsy. Only 13.1% of the participants thought that they might be susceptible for epilepsy. Moreover, 94.2% of participants said they can't employ a person with epilepsy while only 6.7% of the participants will allow a family member to marry a person with epilepsy. (Tombini, 2021)

In addition, it has been found that stigma and discrimination against people with epilepsy are more devastating and harmful than the illness itself. This is mainly attributed to misconceptions about the disease with fear and fright of the public on confronting an epileptic seizure. (Fox & Hunn, 2009) Furthermore, a study conducted in Logo and Rethy health zones in Ituri province of Democratic Republic of Congo in February 2017 investigating the perception and experiences regarding epilepsy and its treatment among community leaders, PWE and/or their families, traditional healers (TH) and health professionals found out that there was a variety of misconceptions of epilepsy including the beliefs that epilepsy is a family-related condition, a contagious disease, is transmitted by insects, saliva or by touching a person of the same sex during seizures. They noted that majority of the persons with epilepsy (PWE) had not been treated with anti-epileptic medication (AEM) or had stopped treatment. (Budikayanti, 2022)

1.2 STATEMENT OF THE PROBLEM

The majority of worldwide epileptic patients are found in low income countries where the support still being poor and the prevalence is higher than in developed countries. (Singh et al., 2012). The prevalence survey in different parts of Africa produces widely differing estimates ranging from 0.2%- 5.8% in one review (Disease, 2011) This is why the researchers have chosen this topic to help in finding out some measures used to support patients with epilepsy and to propose some possible solutions for a better way of taking care of PWE and then can educate the people how to help epileptic patients, increase their knowledge and skills about epilepsy.

Community perceives (CP) patients with epilepsy as a danger to them, thus staying away or fleeing the patients thinking that it's demonic possession while they also think that the epileptic patient's seizures and flatulence is contagious thus stigmatizing them. They are often discriminated and don't have right to marry, to get job or to participate in leisure because they are considered as abnormal beings. All that makes PWE feeling depressed (Tombini et al., 2021)

Community support (CS) epileptic patients by putting them something in their for preventing tongue bite during crisis, bringing them in prayer or they consult traditional healers. Some family members tend to leave or to isolate them.

The motivator that choose our topic of community perception and support of epileptic patient at catchments area of Gihundwe district hospital because there is gap in our community about enough knowledge to support the epileptic patient and our health workers also don't have enough knowledge to support the epileptic patient.

1.3. PURPOSE OF THE STUDY

The purpose of this study was to evaluate community perception and support of epileptic patients in local area of Rusizi district.

1.4. RESEARCH QUESTIONS

The following question was asked during this study

1. What are the social beliefs towards the epilepsy diseases?
2. What is the social perception toward epilepsy in Rusizi District?

3. How the community do provide support to the persons living with epilepsy in local communities of Rusizi District especially in catchment area of Gihundwe District Hospital?

1.5. OBJECTIVES OF THE STUDY

This study had the following specific objectives:

- i. Assess the societal beliefs towards epilepsy in Rusizi District
- ii. Determine perception towards epileptic patients in Rusizi District
- iii. Determine the levels of social support towards people living with epilepsy in Rusizi District

1.6. SIGNIFICANCE OF THE STUDY

This study aimed to collect useful information about how community perceives and help epileptic patients especially in catchment area of Gihundwe District Hospital where PWE have been discriminated and considered as abnormal. The results of this study will help to improve the support of PWE by delivering health education to them, to their families, and to whole population in general about management of PWE during crisis and in daily life and fight against the stigma and discrimination.

1.7. LIMITATION OF THE STUDY

When conducting a research on any topic, problems can happen. During our research, we have been limited by different behaviors of some respondents who was not able to understand and to respond us easily and who wanted to show us they had no time.

1.8. SCOPE OF THE STUDY

This study took place in Rusizi district in Western province in Rwanda near the border of DRC and Kivu Lake.

CHAPTER TWO: LITERATURE REVIEW

2.0. INTRODUCTION

This provides issues of the topic “community perception and support of epileptics’ patients in Rusizi district”. This chapter will include the definition of some key word; it will also include views on this problem by different researchers and a conceptual framework.

2.1. DEFINITIONS OF KEY WORD

2.1.1. Epilepsy:

Central nervous system (neurological) disorder in which brain activity becomes abnormal, causing seizures or periods of unusual behavior, sensations and sometimes loss of awareness. (World health Organization Media Centre, 2012).

2.1.2. Community Perception

Community Perception is defined as a process, by which an individual selects, organizes and interprets stimuli into a meaningful and coherent picture of the world. It is a cognitive process by which people attend to incoming stimuli, organize and interpret such stimuli into behavior. (Singh et al., 2012)

2.1.3. Community Support

It means a provision of assistance or comfort to others, typically to help them to cope with biological, psychological and social stressors. (Tombini et al., 2021)

2.2. THEORETICAL LITERATURE REVIEW

2.2.1. Causes of Epilepsy

Epilepsy has many possible causes because anything that injures the brain can lead to seizures. The type of injury that can lead to a seizure is age-dependent. Seizures in children may be caused by birth traumas, infections such as meningitis, congenital abnormalities or high fever (febrile seizures) Seizures in adulthood are commonly caused by head injuries, infections, alcohol withdrawal, stimulant drugs or medication side effects. In the elderly, brain tumors and strokes cause a higher proportion of seizures((Palmini2011, al.2012, & al.2013)).Epilepsy can be prevented through various public health strategies. Prevention of trauma is the most effective way of preventing post-traumatic epilepsy, with use of head protection when riding motorcycles or bicycles Pal, (Palmini2011, al.2012, &

al.2013))Beliefs about epilepsy in Africa – Studies indicate that negative beliefs about epilepsy are still prevalent among people with epilepsy (PWE) and general (public Geela). Beliefs are derived culturally from previous experience, education and what people have heard and learned from families, friends and/or story telling Beliefs about epilepsy affect the utilization of biomedical services, particularly the use of Anti-Epileptic Drugs (AED;). In addition, several studies have indicated that beliefs and attitudes may affect the quality of life of PWE more than seizures themselves (public Geela)

2.2.2. Epilepsy categorization

Epileptic Seizures are divided into three (3) major categories: Partial generalized and unclassified seizures . Partial seizures (Fisher ,Cross, D’Souza,et al.,2017) arise from one part of the brain and generalized seizures probably arise from the central parts of the brain or spread so rapidly that their origin cannot be determined by standard techniques. Partial seizures are further divided into simple partial seizures where consciousness is maintained and complex partial seizures where there is impairment of consciousness(Budikayanti et al., 2022). The types of generalized seizures are absence seizures, tonic seizures, clonic seizures, myoclonic seizures, atonic seizures and tonic-clonic seizures.

Unclassified epileptic seizures include all seizures that cannot be classified because of inadequate or incomplete data, or seizures that define classification in the partial or generalized categories

2.2.3. Community attitude toward epilepsy

Someone’s attitude toward object is defined as subjective evaluation of this object (Geefa, 2007). The subject value of an object can be negative, positive or neutral. An attitude toa certain object depends on attitudes to other objects related to it. Attitudes include cognitive and effective components. (Sander, 2011). Many research findings from many countries have confirmed that there are negative attitudes toward mentally ill (WHO Report 2007). False beliefs and negative attitudes toward epilepsy have been found to be due to inadequate knowledge (**Jacoby, 2008**). Therefore, to increase community knowledge result in improved attitudes toward people with epilepsy (Alpert, n.d.) And to believe that epilepsy is treatable encourage early treatment seeking and promote better management and outcomes. As it is reported from many countries, PWE have been discriminated in different ways: it is difficult to get a job, driving license and health insurance protection. It is also difficult even impossible to get married in several countries (Quianatas, Muraq&Lugas, 2012). In high

income countries with modern treatment facilities and more educated public, the stigma due to epilepsy has decreased (Jacoby, 2008).

2.2.4. Factors influencing societal attitude toward PWE

There have been conflicting reports on the association between socio-demographic factors and attitudes towards mental illness and neurological disorders, whereas, some studies have no correlations (Mukulo, 2009; Ngugi, Chan, Rose & Maker, 2010), some have demonstrated a significant association between socio-demographic factors and attitudes towards mental illness and neurological disorders. More negative attitude and high social distance toward the mentally ill has been found in association with the older age groups, female sex, not being married, unemployed and lower educational level and socio-economic class (Lauber, Lundgren, Dahl, Melin & Kies 2009; Song, Riedel Hepler, Matschinger & Angermayer, 2010).

2.2.5. Community support

Social support can be categorized and measured in several different ways. There are four common functions of social ((Dietrich et al)

Emotional support is the offering of empathy, concern, affection, love, trust, acceptance, intimacy, encouragement, or caring. It is the warmth and nurturance provided by sources of social support. Providing emotional support can let the individual know that he or she is valued. It is also referred to as “esteem support “or “appraisal support”.

Tangible support is the provision of financial assistance, material goods, or services. Also called instrumental support, this form of social support encompasses the concrete, direct ways people assist others.

Informational support is the provision of advice, guidance, suggestions, or useful information to someone. This type of information has the potential to help others problem-solve. Companionship support is the type of support that gives someone a sense of social belonging (and is also called belonging). This can be seen as the presence of companions to engage in shared social activities. Community support for epileptic patients may be keeping other people out of the way, don't put anything in their mouth, place them on their side to help keep their airway clear and don't try to hold them down or stop the movements. So may educate the peoples and increase the knowledge and skills about how to support the epileptic patient and convince them it is disease like others.

2.2.6. Cultural differences

Although social support is thought to be a universal resource, cultural differences exist in social support. In many Asian cultures, the person is seen as more of a collective unit of society, whereas Western cultures are more individualistic and conceptualized social support as a transaction in which one person seeks help from another. In more interdependent Eastern cultures, people are less inclined to enlist the help of others (Tombini et al., 2021).

For examples, European Americans have been found to call upon their social relationships for social support more often than Asian Americans except social support to be less helpful than European Americans. These differences in social support may be rooted in different cultural ideas about social groups. It is important to note that these differences are stringer in emotional support than instrumental support. Additionally, ethnic differences in social support from family and friends have been found (Kabir, Iliyasu, Abubakar, & Farinyard, 2009).

Cultural differences in coping strategies other than social support also exist. One study shows that Koreans are more likely to report substances abuse than European Americans. Further, European Americans are more likely to exercise in order to than Koreans. Some cultural explanations are that Asians are less likely to seek it from fear of disrupting the harmony of their relationships and that they are more inclined to settle their problems independently and avoid criticism. However, these differences are not found among Asians Americans relative to their Europeans American (Budikayanti et al., 2022)

2.2.7. The Community perception toward epilepsy

The surveys conducted in different countries showed that main false perceptions about epilepsy include limitations on social roles (e.g. marriage and employment), personal characteristics (dangerous or unreliable), restrictions on some activities (e.g. sport or driving) and inaccurate beliefs about the causes, treatment and prognosis (WHO, 2019).

The fact of being considered as persons having evil spirits or the wrongdoing of ancestors elevates the stigma in patients that becomes a reason for their boycott from the society. (Chomba, et al., 2006) mentioned that ‘most of the epileptic persons feared that they might be rejected by their families. Because of this fear, they become introverts. A society and culture put a strong effect on a human’s mental health. While a good environment can grow him, a bad behavior or response could break him too. A person with epilepsy who seeks help from Christian healer benefits prayer, exorcism, fasting, holy water and anointed oils while a

Muslim healer uses verses of Qur'an and herbs. In the area where the perceived cause of epilepsy is associated with demonic possession, they seek traditional healers than hospital all other health facilities. (WHO, ILAE&IBE 2019).

People with epileptic disorder need more attention and support from their family and friends to come back to life. Such patients need moral support from their bystanders to be rescued and continue their daily routine life as other normal people. Anne Fadiman mentioned epilepsy in one of her books. She even described the belief system of the Hmong family and the conflicts they had between biomedicine and non-biomedicine. Daughter of Hmong family 'diagnosed with the symptoms of epilepsy. In their culture, it is considered as spirit possession. The family carried out practices for the well-being of their daughter' (Mitchell, 2016).

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This chapter describes the methodology that will be used during data collection and analysis. It starts with research approaches, research design, and location of the study, population, sample and sampling techniques, research instruments, pre-testing instruments, and validity of the instruments, data collection techniques, data analysis to be ended with logical and ethical considerations of the study. These sub chapters will focus on our topic ‘Community perception and support of epileptic patients in Rusizi district’.

3.1. RESEARCH APPROACHES

Research approach is a plan and procedure that consists of the steps of broad assumptions to detailed method of data collection analysis and interpretation. It is therefore, based on the nature of the research problem being addressed. (Creswel, 2021)The research used quantitative approach. The researchers preferred to use quantitative approach because they used numerical data to explore characters and situations. Then the data was analyzed using statistical methods in order to arrive at a result which were interpreted to give meaning of the study.

3.2. RESEARCH DESIGN

A research design is a framework or a plan for the study used as a guide in collecting and analyzing data. An outline is followed in completing a study. He further defines a research design as a plan of action, for the purposes of this study; as researchers we will adopt a descriptive method .The study will also adopt a descriptive design through This will be to describe the degree to which the stated variables community perception and support epileptic patients.

3.3. TARGET POPULATION

Our study was carried on clients who attended on OPD service of Gihundwe District Hospital coming from different health centers. Based on information received from Data manager of this hospital, the estimated number of population who attends on OPD during 5 working days is about 300.

Inclusion criteria is the participants having above 18 ages and signature the consent form but exclusion is the participant under 18 ages and don’t signature the consent form.

3.4. SAMPLING PROCEDURES

Sampling procedure is the process of selecting a number of individuals (a sample) from a population in a way that the individuals are represented as a large group from which they were selected. The sample has been selected from clients attending in outpatient departments for three days: Monday, Wednesday and Friday.

Non-probability purposive sampling has been used. This means that all elements/ subjects in the population of our study have been given the same chance of being selected.

3.5. SAMPLE SIZE

In this study, the sample size was approximately 300 persons..

Sample for this study was obtained using formula given by Taro Yamane 1967 $n = \frac{N}{1+N(e^2)}$ Where n - is the sample size, N - Is the total population, and e: is the marginal error set at 5% = 0.05 (Fox & Hunn, 2009)

Our total targeted population is that attending outpatient department and they have all participated in our research

Let us use this formula to calculate sample size

N= 300, e= 0.05, n is sample size

$$n = \frac{N}{1+N(e^2)} = \frac{300}{1+300(0.0025)} = 171.42 \text{ which is 171 patients attended OPD}$$

3.6. RESEARCH INSTRUMENTS FOR DATA COLLECTION

In this study, we used questionnaires as instrument of data collection

Questionnaire is defined as “a written set of questions that are given to people in order to collect facts or opinions about something”. Kakooza (1992:17) defined a questionnaire as “an instrument that consists of a set of questions to which the subject responds in writing”. The researcher formulated the questionnaire in two languages: English and Kinyarwanda to enable all the respondents to understand the questions and fully answer them. Questionnaires included: questions about socio-demographic data, community knowledge, perception toward epilepsy and community support of epileptic patients.

3.7. DATA COLLECTION TECHNIQUES

Arrived at GDH, we present ourselves to nurses working at OPD .They received us and allowed us to introduce ourselves to clients. We did that, we told them our objective, we explained them the questions and how they were asked to help us in completing the questionnaires. We explained them also that it is voluntary and everybody who accept to participate in research must sign a consent form. After considering criteria exclusion, we have distributed the questionnaire and those who were not able to complete were helped. (m.Tombini, G.Assenza, 2021)

3.8. ETHICAL CONSIDERATION

In order to be sure that the safety and privacy of participants was adequate and to prevent human rights abuse, before conducting this research we have asked permission to KIBOGORA POLYTECHNIC and to GIHUNDWE District Hospital administration in order to conduct the research. Researchers have given clear explanation about the study (aim, objectives, duration and importance of participation). Informed consent was signed by everyone before participating in the research and there were no names of participants on questionnaires and not sharing information to any other person. (Ismail et al., 2013), the participant right ,privacy, confidentiality, respect, dignity, safety was respected

3.9. DATA ANALYSIS

Data was entered and analyzed using SPSS by displaying data in different tables. The data analysis focused on descriptive statistics whereby variables, frequencies and percentages. (Nachmias, 1978)

3.10. VALIDITY AND RELIABILITY

3.10.1 VALIDITY

Items of the questionnaire covers all research objectives. The questionnaire was observed to test whether it's complete. Data entry has been accomplished and analyzed to check the achievement of research objectives. Adjustments was made accordingly, in case required, with the guidance of the supervisor.

3.10.2 REABILITY

Reliability is a consistency of measure. The reliability of the study refers to the level at which the study will be trusted to be done in well manners. For obtaining valid and reliable data, we have The reliability of the study refers to the level at which the study will be trusted to be done in well manners. prepared a questionnaire in Kinyarwanda and in English about community perception and support of epileptic patients, we sent them to our supervisor for correction. Then, we gave them to 5 respondents selected from friends and colleagues and we received efficient data.

CHAPTER FOUR: DATA PRESENTATION, ANALYSIS, INTERPRETATION AND SUMMARY

4.0. INTRODUCTION

This chapter consists of two sections: the first section deals with the presentation of demographic data of the sample of the participants, the second section is the description of findings about community perception and support of epileptic patients in Rusizi district.catchement in Gihundwe district hospital.

4.1. DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

The majority of participants were females 92(53.8%) while males werem79 (46.2%) and majority of the participants were aged between 22 and 35 years representing 97 (56.7%). About marital status, the majority were married on representation of 127(56.7%).the majority of participants has A2 level of education representing 127(80.1%).

Table 1: Demographic Characteristics Of The Respondents

Variables	Character	Frequency	Percentage(%)
Gender	Male	79	46.2%
	Female	92	53.8
Age	Between 18-21	26	15.2
	Between 22-35	97	56.7
	36 and above	48	28.1
Marital status	Single	26	15.2
	Married	127	74.3
	Widow	14	8.2
	Separated	4	2.3
Level of education	A0 and above	6	3.5
	A1	5	2.9
	A2	137	80.1
	Primary	12	7.0
	Illeterature	11	6.4

4.2 PERCEIVED KNOWLEDGE AND CAUSES OF EPILEPSY

Tables 4.2. the majority of respondents know epilepsy 167 (97.6%) think the causes of epilepsy are brain injury 148 (85.5%), evil spirit 132 (77.2%) and genetic factors 114 (66.7%), poverty 28(16.4) and malnutrition 28(16.4)

Table 2: Perceived Knowledge And Causes Of Epilepsy

Variables	Character	Frequency	Percentage (%)
Know epilepsy	Yes	167	97.6
	No	4	2.3
Malnutrition	Yes	28	16.4
	No	143	83.6
Brain injury	Yes	148	86.5
	No	23	13.5
Poverty	Yes	28	16.4
	No	143	83.6
Evil spirit	Yes	132	77.2
	No	39	22.8
Genetic factors	Yes	114	66.7
	No	57	33.3

4.3. PERCEIVED SIGNS AND SYMPTOMS OF EPILEPSY

Tables 4.3. The majority of respondents know the sign and symptoms are seizures 96.5(96.5%), memory lapses 161(94.2%) ,loss of consciousness 159(93.0%) and staring spell 135(78.9%).

Table 3 knowledge Perceived Signs And Symptoms Of Epilepsy

Variables	Character	Frequency	Percentage%
Seizures	Yes	165	96.5
	No	6	3.5
Loss of consciousness	Yes	159	93.0
	No	12	7.0
Memory lapses	Yes	161	94.2
	No	10	5.8
Staring spell	Yes	135	78.9
	No	36	21.1

4.4 PERCEIVED RISK FACTORS OF EPILEPSY

Table 4.4. The majority of respondents know the risk factors of epilepsy are family history 139(81.3%), head injury 132(77.2%), seizures in childhood101(59.1%) and brain infection 15(59.1%)

Table 4:Perceived Risk Factors Of Epilepsy

Variables	Character	Frequency	Percentage%
Family history	Yes	139	81.3
	No	32	18.7
head injury	Yes	132	77.2
	No	39	22.8
Brain infection	Yes	15	8.8
	No	156	91.2
Seizures in childhood	yes	101	59.1
	No	70	40.9

4.5 PERCEIVED TREATMENT AND TREATMENT OUTCOMES

Tables 4.5. The majority of respondents think about treatment of epilepsy are chronic disease 147(86.0%), cured by prayer 113(66.1%) , traditional is not cured at health facilities 85(49.7%) and curable disease 57(33.3%)

Table 5: Perceived Treatment And Treatment Outcomes

Variables	Character	Frequency	Percentage
Curable disease	Yes	57	33.3
	No	114	66.7
Traditional is not cured	Yes	85	49.7
	No	86	50.3
Chronic disease	Yes	147	86.0
	No	24	14.0
Cured by prayer	yes	113	66.1
	No	58	33.9

4.6 PERCEIVED PROGNOSIS OF EPILEPSY

Tables 4.6. The majority of respondents we perceived the epileptic patients in the community Frequent occurrence of seizures 154(90.1%), Prolonged and repetitive seizures 148(86.5%), Constant intake of drug 38(22.2%) and abnormal eye movement 18(10.5 %).

Table 6: Perceived Prognosis Of Epilepsy

Variables	Character	Frequency	Percentage%
Prolonged and repetitive seizures	Yes	148	86.5
	No	23	13.5
Abnormal eye movement	Yes	18	10.5
	No	153	89.5
Constant intake of drug	Yes	38	22.2
	No	133	77.8
Frequent occurrence of seizures	yes	154	90.1
	No	17	9.9

4.7. PERCEPTION OF AN EPILEPTIC PATIENT BY NEIGHBOURS

Tables 4.7. Community perception on epileptic patients, the respondent tell us Epilepsy is mental disease 159(93.0%) , special patients who need more attention 145(84.8%) , People with epilepsy have more learning difficulties than others 145(84.8%) , Patients with epilepsy are more aggressive than others.142(83.0%) , Patients with epilepsy are considered as handicap people 140(81.9%) .a lot of people are afraid of patient with epilepsy137(80.1%), Patient with epilepsy is not flexible with others 125(73.1), Epileptic patients are less able than other to establish close relationship 122(71.3%), People with epilepsy are less productive at work than others 111(64.9%) , People with epilepsy are difficulty to be managed in community 88(51.5%), Epileptic patients can have a high quality of life 51(29.8%), People with epilepsy are less active than others 50(29.2%) and ordinary patient 26(15.2%).

Table 7: Perception Of Epileptic Patient By Neighbors

Variables	Character	Frequency	Percentage
Ordinary patient	Yes	26	15.2
	No	145	84.8
Special patients who need more attention	Yes	149	87.1
	No	22	12.9
Epilepsy is contagious	Yes	56	32.7
	No	115	67.3
Epileptic patient can have a high quality	Yes	51	29.8
	No	120	70.2
Epileptic patient are less able than other	Yes	122	71.3
	No	49	28.7
Hand cap people	Yes	140	81.9
	No	31	18.1
A lot of people are afraid of patient with epilepsy	Yes	137	80.1
	No	34	19.9
Epilepsy is mental disease	Yes	159	93.0
	No	12	7.0
People with epilepsy are difficulty to be managed in community	Yes	88	51.5
	No	83	48.5
Patient with epilepsy is not flexible with others	Yes	125	73.1
	No	46	26.9
People with are less productive at work	Yes	111	64.9
	No	60	35.1
More aggressive	Yes	142	83.0
	No	29	17.0
Less active	Yes	50	29.2
	No	121	70.8
More learning difficulties		145	84.8
		26	15.2

4.8. PERCEPTION PON HOW THE EPILEPSY DISEASE IS TREATED

Tables4.8.The majority of respondents said that epilepsy disease is treated on specific treatment 140(81.9%), by traditional healers 116(67.8%) and by several consultations of hospitals 56(32.7%).

Table 8:PERCEPTION ON HOW THE EPILEPSY DISEASE IS TREATED

Variables	Character	Frequency	Percentage%
Consultation of hospital	Yes	56	32.7
	No	115	67.3
Traditional healers	Yes	116	67.8
	No	55	32.2
No specific treatment	Yes	140	81.9
	No	31	18.1

4.9 PERCEIVED UNDESIRABLE BEHAVIOUR OF EPILEPTIC PATIENTS

Table 4.9.the majority of respondent on undesirable behaviors your community manifest toward people with epilepsy said that isolated 159(93.0%), limit on marriage 158(92.4%) , limit them on leisure 158(92.4%) and refuse to go to school 152(88.9%)

Table 9:PERCEIVED UNDESIRABLE BEHAVIOUR OF EPILEPTIC PATIENTS

Variables	Character	Frequency	Percentage%
Isolated	Yes	159	93.0
	No	12	7.0
Limit on marriage	Yes	158	92.4
	No	13	7.6
Refuse to go to school	Yes	152	88.9
	No	19	11.1
Limit them on leisure	yes	158	92.4
	No	13	7.6

4.10 PERCEIVED SUSCEPTIBILITY OF AN EPILEPTIC TO GET MARRIED

Tables4.10. The majority of respondent about people with epilepsy should not get married said that it is imperfection 153(89.5%), Thinking that she/he gives born of baby having epilepsy 27(15.8%) , Thinking that they have infertility 24(15.8%) and Get married because they are human being like others 18(10.5%).

Table 10: PERCEIVED SUSCEPTIBILITY OF AN EPILEPTIC TO GET MARRIED

Variables	Character	Frequency	Percentage%
Born baby having epilepsy	Yes	27	15.8
	No	144	84.2
Have infertility	Yes	24	14.0
	No	147	86.0
It Is imperfection	Yes	153	89.5
	No	18	10.5
Married because they are human being	Yes	18	10.5
	No	153	89.5

4.11. SUPORT PROVIDED TO AN EPILEPTIC PATIENT

Table4.11. Assessment of community support on epileptic patient about our support on patient with epileptic crisis such as nothing to do 154(90.10%), we call their family 132(77.2) first aid 43(25.1%) and Crisis do not need any attention 8(4.7%).

Table 11: SUPORT PROVIDED TO AN EPILEPTIC PATIENT

Variables	Character	Frequency	Percentage%
Nothing	Yes	154	90.1
	No	17	9.9
Calling family	Yes	132	77.2
	No	39	22.8
First aid	Yes	43	25.1
	No	128	74.9
Any attention	Yes	8	4.7
	No	163	95.3

4.12 FIRST AID PROVIDED TO AN EPILEPTIC PATIENT AT COMMUNITY LEVEL

Table 4.12. the first aids interventions done on epileptic crisis such as keep other people out of the way 159(93.0) , Put something in their mouth 156(91.2), Don't try to hold them down or stop the movements 87(50.9) and Place them on their side to help keep their airway clear 10(5.8%).

Table12: FIRST AID PROVIDED TO AN EPILEPTIC PATIENT AT COMMUNITY LEVEL

Variables	Character	Frequency	Percentage%
Keep the other people out of way	Yes	159	93.0
	No	12	7.0
Put something in their mouth	Yes	156	91.2
	No	15	8.8
Place them their side	Yes	10	5.8
	No	161	94.2
Don't try to hold them down	yes	87	50.9
	No	84	49.1

4.13. PROPOSED WAYS TO IMPROVE EPILEPTIC PATIENT CARE AT COMMUNITY LEVEL

Table4.13. The improvement in our community to support the epileptic patients such as Train the people and family members about first aids 166(97.1%), Reassure the community that epilepsy is not contagious disease 159(93%) , Increase community knowledge about the support of the epileptic patients through health education 145(84.8%) and Train community health workers about first aids 108(63.2).

Table 13:PROPOSED WAYS TO IMPROVE EPILEPTIC PATIENT CARE AT COMMUNITY LEVEL

Variables	Character	Frequency	Percentage%
Increase community knowledge	Yes	145	84.8
	No	26	15.2
Train the people and family members	Yes	166	97.1
	No	5	2.9
Train community health workers	Yes	108	63.2
	No	63	36.8
Reassure the community	yes	159	93
	No	12	7.0

4.14 ADVISE TO A PARTNER OF AN EPILEPTIC PATIENT

Table4.14. advice to a partner of a epileptic patient the respondent said that body separation 156(91.2%), keep their normal marriage 117(68.4) and divorce 63(36.8%).

Table 14:ADVISE TO A PARTNER OF AN EPILEPTIC PATIENT

Variables	Character	Frequency	Percentage%
Body separation	Yes	156	91.2
	No	15	8.8
Divorce	Yes	63	36.8
	No	108	63.2
Normal marriage	Yes	117	68.4
	No	54	31.8

4.15 DISCUSSION OF FINDINGS

The numbers of respondents 171 participated in the study. The majority of participants were females 92(53.8%) while males were 79 (46.2%) and majority of the participants were aged between 22 and 35 years representing 97 (56.7%). About marital status, the majority were married on representation of 127(56.7%).the majority of participants has A2 level of education representing 127(80.1%). the majority of respondents know epilepsy 167 (97.6%), think that the causes of epilepsy is brain injury 148 (85.5%) and The majority of respondents know the sign and symptoms is seizures 96.5(96.5%), the majority of respondents know the risk factors of epilepsy is family history 139(81.3%), The majority of respondents think about treatment of epilepsy are chronic disease 147(86.0%), The majority of respondents we perceived the epileptic patients in the community is Frequent occurrence of seizures 154(90.1%), Community perception on epileptic patients, the respondent tell us Epilepsy is mental disease 159(93.0%).The majority of respondents said that epilepsy disease is treated on specific treatment 140(81.9%), the majority of respondent on undesirable behaviors your community manifest toward people with epilepsy is isolated 159(93.0%),The majority of respondent about people with epilepsy should not get married said that it is imperfection 153(89.5%), Assessment of community support on epileptic patient about our support on patient with epileptic crisis is nothing to do 154(90.10%), the first aids interventions done on epileptic crisis such as keep other people out of the way 159(93.0), The improvement in our community to support the epileptic patients such as Train the people and family members about first aids 166(97.1%) and the advice to a partner of a epileptic patient the respondent said that body separation 156(91.2%).

4.16 SUMMARY OF FINDINGS

The numbers of respondents 171 participated in the study. The majority of participants were females 92(53.8%) while males were 79 (46.2%) and majority of the participants were aged between 22 and 35 years representing 97 (56.7%). About marital status, the majority were married on representation of 127(56.7%).the majority of participants has A2 level of education representing 127(80.1%). the majority of respondents know epilepsy 167 (97.6%), think that the causes of epilepsy is brain injury 148 (85.5%) and The majority of respondents know the sign and symptoms is seizures 96.5(96.5%), the majority of respondents know the risk factors of epilepsy is family history 139(81.3%), The majority of respondents think about treatment of epilepsy are chronic disease 147(86.0%), The majority of respondents we perceived the epileptic patients in the community is Frequent occurrence of seizures 154(90.1%), Community perception on epileptic patients, the respondent tell us Epilepsy is mental disease 159(93.0%).The majority of respondents said that epilepsy disease is treated on specific treatment 140(81.9%), the majority of respondent on undesirable behaviors your community manifest toward people with epilepsy is isolated 159(93.0%),The majority of respondent about people with epilepsy should not get married said that it is imperfection 153(89.5%), Assessment of community support on epileptic patient about our support on patient with epileptic crisis is nothing to do 154(90.10%), the first aids interventions done on epileptic crisis such as keep other people out of the way 159(93.0), The improvement in our community to support the epileptic patients such as Train the people and family members about first aids 166(97.1%) and the advice to a partner of a epileptic patient the respondent said that body separation 156(91.2%).

Recently, in certain onchocerciasis endemic villages in the Logo and Rethy health zones in Ituri in the Democratic Republic of Congo (DRC) epilepsy prevalence between 3.6–6.2% was reported . Another study in these same health zones revealed that the majority of the persons with epilepsy (PWE) had never been treated with AEM or had stopped treatment Therefore, prior to the implementation of an epilepsy treatment programme in these health zones, we investigated the perceptions and experiences with epilepsy and its treatment among community leaders, PWE and/or their families, traditional healers and health professionals to determine how such programme should be set up.(Dolo et al., 2018)

CHAPTER FIVE: GENERAL CONCLUSION AND RECOMMENDATIONS

5.0 INTRODUCTION

This fifth chapter contains the general conclusion of study, recommendations and suggestions for further studies that might be conducted in the future.

5.1 CONCLUSION

Based on findings of the study, we can conclude that the people of Rusizi district do not have enough knowledge . According perception of epileptic patients, an epileptic patient is considered as an abnormal person and that may lead to social isolation. According support of epileptic patient, an epileptic patient is nothing to do but community is interested to support epileptic patients but doesn't have enough knowledge about first aids intervention in case of crisis.

5.2. RECOMMENDATIONS

5.2.1. To Gihundwe District Hospital

We may recommend the following:

- To reinforce health education to clients who attend for various services about epilepsy in order to increase community knowledge. It is necessary also in all health centers in catchment area of Gihundwe hospital.
- To organize the trainings of community health workers about epilepsy in order to improve the support of epileptic patients at home.

5.2.2. To local authorities

- To recognize the epileptic patients living in their villages, encourage them and their families to attend health facilities for further management.
- To discourage social isolation of people with epilepsy

5.2.3. To epileptic patients and their families

- To respect the orders and advices of health care providers about treatment and appointment
- To avoid the misinformation about epilepsy treatment and traditional healers
- To respect the human and/or patient rights of PWE

5.3. SUGGESTIONS FOR FURTHER STUDY

It will be necessary for other researchers to conduct other studies in order to discover more about community perception and support of epileptic patients in Rusizi District even in a whole country.

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APPENDICES

APPENDIX 1:ADVISE TO A PARTNER OF AN EPILEPTIC PATIENT

Dear participant,

We, Louise MUSABENDE and Marcelline NYIRANSABIMANA, students of KIBOGORA POLYTECHNIC in General Nursing Department. In order to fulfil this BSCN, we are carrying out a study entitled Community perception and support of epileptic patient in Rusizi district ,catchement in Gihundwe district hospital. We would like to request your assistance by answering to all questions. The provided information will be confidentially treated. Your responses will only be used for academic purposes.

Participant consent:

I hereby confirm that I have been well communicated the information and I voluntarily agree to participate in the study.

.....

**APPENDIX 2:QUESTIONNAIRE FOR COMMUNITY PERCEPTION AND
SUPPORT OF EPILEPTIC PATIENT IN RUSIZI DISTRICT**

I. DEMOGRAPHIC CHARACTERS OF RESPONDENTS

1. Sex

A. Male

B. Female

2. Age

A. 18-21years

B. 22-35years

C. 36years and above

3. Marital status

A. Single

B. Married

C. Window

D. Separated

4. Level of education

A0 and above

A1

A2

PRIMARY STUDIES

ILLITERATE

**II. ASSESSMENT OF COMMUNITY KNOWLEDGE AND
PERCEPTION OF EPILEPTIC PATIENTS**

5. Do you know the epilepsy Disease? Yes

No

6. What do you think are the causes of epilepsy?

A. Malnutrition

B. Brain injury

C. Poverty

D. Evil spirit

E. Genetic factors

7. What are the signs and symptoms of epilepsy?

- A. Seizures
- B. Loss of consciousness
- C. Memory lapses
- D. A staring spell

8. What are the risk factors of epilepsy?

- A. Family history
- B. Head injury
- C. Brain infection
- D. Seizures in childhood

9. What do you think about treatment of epilepsy?

- A. It is a curable disease treated at hospital
- B. It is a traditional disease not cured at health facilities
- C. It is a chronic disease which never heals
- D. It is cured by prayers

10. How do you perceive the epileptic patients in the community?

- A. They are ordinary patients like others
- B. They are special patients who need more attention
- C. We cannot approach them as epilepsy is contagious

11. Community perception on epileptic patients:

Perception of epileptic patients	Yes	No
Epileptic patients can have a high quality of life		
Epileptic patients are less able than other to establish close relationship		
Patients with epilepsy are considered as handicap people		
A lot of people are afraid of patients with epilepsy		
Epilepsies is a mental disease		
People with epilepsy are difficulty to be managed in community		
Patient with epilepsy is not flexible with others		
People with epilepsy are less productive at work than others		
Patients with epilepsy are more aggressive than others.		
People with epilepsy are less active than others		
People with epilepsy have more learning difficulties than others		

12. How epilepsy disease is treated?

- A. By several consultations of hospitals
- B. By traditional healers
- C. No specific treatment exist

13. What can be the prognosis of epileptic?

- A. Prolonged and Repetitive Seizures
- B. Abnormal eyes movement
- C. Constant intake of drugs, reduces The Seizures rate
- D. Frequent occurrence of Seizures makes it hard for patients to live alone.

14. Which undesirable behaviors your community manifest toward people with epilepsy?

- A. Isolate them
- B. To limit them on marriage
- C. Refuse them to go to school
- D. Limit them on leisure and some responsibilities

15. Are the epileptic patients conducted to the health facilities when they have other diseases?

Yes No

16. Why people with epilepsy should not get married?

- A. Thinking that she/he gives born of baby having epilepsy
- B. Thinking that they have infertility
- C. Thinking that it is imperfection
- D. Get married because they are human being like others.

III. ASSESSMENT OF COMMUNITY SUPPORT ON EPILEPTIC PATIENT

17. What is your support on patient with epileptic crisis?

- A. Nothing is done
- B. We call the family as it is their concerns
- C. We make first aids

D. Crisis do not need any attention

18. What are the first aids interventions done on epileptic crisis

- A. Keep other people out of the way
- A. Put some thing in their mouth
- B. Place them on their side to help keep their airway clear
- C. Don't try to hold them down or stop the movements

19. What can be improved in your community to support the epileptic patients?

- A. Increase community knowledge about the support of the epileptic patients through health education
- B. Train the people and family members about first aids
- C. Train community health workers about first aids
- D. Reassure the community that epilepsy is not contagious disease

20. What can you advice to a partner of a new epileptic patient?

- A. Body separation
- B. Divorce
- C. Keeping their normal marriage

APPENDIX 3:RESEARCH LETTER

 **KIBOGORA POLYTECHNIC** 

Granted Accreditation and Legal Personality by The Ministerial Order N°7/2015 Official Gazette N°03 of 19/01/2015
P.O.Box: 30 Nyamashoko Rwanda Tel: +250783751294 E-mail: info@kp.ac.rw Website : www.kp.ac.rw

RESEARCH LETTER

APRIL 22th 2022

To whom it may concern:

We write this letter to humbly request y to allow Ms/Mr **MUSABENDE Louise REG. No. 1900400** and **NYIRANSABIMANA Marcelline Reg.No: 1900399** to conduct a research in your organization /institution ,territory entity

The above mentioned are bonafide students of Kibogora Polytechnic pursuing Bachelor's degree in General Nursing Department

These students are currently conducting a research topic **“COMMUNITY PERCEPTION AND SUPPORT OF EPILEPTICS PATIENTS IN LOCAL AREA OF RUSIZI DISTRICT “**

We are convinced that your organization /institution ,territorial entity will constitute a valuable source of information pertaining to their research ,the purpose of this letter is to humbly request you to avail them the with pertinent information they may need .we pledge to ensure that all provided information will be confidential and used in the strict academic purpose .

Any assistance rendered to the candidates will be highly appreciated.

Yours,

Dr NDABARORA Eleonore
Dean of Health Sciences Faculty
Kibogora Polytechnic

