University of Malawi
Kamuzu College of Nursing

FACTORS ASSOCIATED WITH THE RECURRENCE OF SEIZURES IN EPILEPTIC PATIENTS AT KAMUZU CENTRAL HOSPITAL

A DISSERTATION PRESENTED TO THE UNIVERSITY OF MALAWI, KAMUZU COLLEGE OF NURSING IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELOR OF SCIENCE IN NURSING DEGREE

BY

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DECLARATION

I declare that this research is absolutely the result of my own effort. It has never been presented before for any degree. It is therefore submitted by myself in partial fulfilment of my Bachelor's Degree in Nursing.

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DEDICATION

This dissertation is dedicated to my beloved mother Monica for her motherly love, care, endurance and total support throughout the four years of my studies and to my beloved father Joseph for his spiritual support.

ACKNOWLEDGEMENTS

I thank God almighty for his daily guidance, love and care from the time I was born up to where I am now. May his name be glorified now and forever.

To my beloved mother Monica, so many thanks for everything she does to me. To my dad Joseph, I say thanks for the spiritual support.

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To the hospital director of KCH I say thanks for his permission to conduct the study at KCH epileptic clinic.

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May the good Lord bless all the people who contributed to my success while at school.

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ABSTRACT

A quantitative study on factors associated with the recurrence of seizures in epileptic patients was conducted at Kamuzu Central Hospital Epileptic clinic.

The purpose of the study was to identify factors that contribute to the recurrent attacks of seizures in epileptic patients.

The study consisted of 30 epileptic patients who were seeking health care services at the epileptic clinic. Convenient sampling was used to identify participants of the study. Only those patients who were in a position to give consent on their own participated in the study.

The data that was collected was analysed manually.

The findings showed that emotional stresses, psychological stress, treatment non-compliance and treatment changes are the major contributing factors to the recurrence of seizures in epileptic patients. The study findings revealed that most of the epileptic patients do not continue with their education and this leads to lack of employment and financial problems. Furthermore the findings have shown that most of the epileptic patients do not know the drugs they are taking by names, but by physical appearance.

The researcher recommends that nurses at the epileptic clinic should include education on the nature of the disease and the importance of treatment compliance to minimize all the misconceptions that people have on epilepsy.

The researcher also recommends that parents and the people who take care of epileptic patients should be encouraged to send epileptic children to school, because epileptic patients can also do better in class and proceed with their studies. Finally the researcher recommends that all nurses responsible and the hospital authorities should ensure that there is continuous supply of drugs to the clinic to avoid unnecessary treatment changes in these patients.

CHAPTER 1

INTRODUCTION

Epilepsy is the most common and serious brain disorder in the world affecting 50 million people in the world. (World Health Organisation 2002). According to world health organisation, the disease has serious physical, psychological, social and economical consequences for the concerned persons and their families. It is a treatable condition and relatively cheap medication is available. However, treatment gap in developing countries remains very high.

Recent research in developing and developed countries reveals that if properly treated, up to 70% of the population could live productive and fulfilling life. Studies had shown that people believe that the disease is contagious such that they hesitate to help or touch the person who has fallen during a seizure hence the stigma attached to it. This act influences education of children and young people who have epilepsy. (WHO 2001).

Because of the stigma that is attached to the disease, three most international organisations working in epilepsy have joined forces to bring epilepsy out of the shadows and these organisations are: international league against epilepsy, (ILAE) International Bureau of epilepsy (IBE) and world health organisational global campaign against epilepsy. These organisations are working together to sensitise people about the disease hence reducing the stigma attached to it.

BACKGROUND

Epilepsy has been known since antiquity. It is a long-standing widespread disease throughout the world. The disease continues to be a major public health problem. According to world health organisation, the disease affects about 50 million people but 40 million of these people live in the developing countries.

Several studies have shown that higher incident and prevalence of figures were found amongst Afro - Americans when compared with the white Americans reflecting a poorer standard of perinatal and other health care. As explained already, the prevalence is usually found slightly higher in low social economic groups. (Manford 2003)

In most studies the overall incidence of epilepsy in developed societies has been found to be around 50 cases per 100 000 persons per year (with a wide range of 40-70/100 000/year) while the figures for developed countries are generally higher in the range of 100-190/100 000 each year. The usual prevalence figure is about 5-10 per 1000 persons (International League Against Epilepsy 2001).

According to WHO,90% of these patients throughout the world do not receive the appropriate treatment for their illness due to lack of adequate drug production facilities and higher prices for imported drugs.

In the United States of America, epilepsy s considered the 3rd most common neurological disorder following stroke and Alzheimer's disease. Approximately 2 million people (0.5-1.5) of the population in the USA have active epilepsy (University of illios at Chicago 1998). Each year 50/100 000 individuals in the USA will be diagnosed with the highest frequency of newly identified cases occurring among children less than 5 years old. According to the university of illios, 50-100cases/100

000 under fives are diagnosed newly each year while in adults more than 65years of age have a prevalence rate of 70-150cases/100 000.

In Africa, the disease affects 10million people (WHO 2002). WHO 2002 estimates that of the 10 million people in Africa who live with epilepsy, 80% are not treated with readily available modern drugs yet the disease continues to take its toll among our people causing impaired physical, psychological and equally social psychological and economical problems for their families.

In Malawi, the disease is not an exception. It also affects our own relatives and this affects 2 in every 100 people. The Tropical Health and Education Trust in Malawi (THET, Malawi) initiated the training of nurses to manage patients with epilepsy and the ministry of health fully supported the idea such that one nurse from Kamuzu central hospital went to the united kingdom for intensive training in epilepsy. Following this, people were sensitised on epilepsy. Most of the epileptic patients are believed to attend epileptic clinics that are there in most of the district hospitals and even the outreach clinics for treatment. According to Mrs Selemani, a trained nurse in epilepsy at Kamuzu central hospital, more than 1000 patients are seen at the clinic each month. This therefore indicates that the disease is really a public concern.

Even though these patients attend the clinics each month, they still present with a history of having fits /seizures hence the researcher's interest of the study area to identify the factors that are associated with the recurrence.

STATEMENT OF THE PROBLEM

In Malawi 2 people in every 100 people are epileptic. Most of these patients have recurrence of seizures despite their visits to the epileptic clinics. According to the world health organisation 2002, different factors like alcohol, physical stressors, emotional stress, high fevers, sounds, flashing lights and overhydration can precipitate the occurrence of fits hence the author's interested to identify the factors that contribute to the recurrence of these seizures in epileptic patients at KCH.

SIGNIFICANCE OF THE STUDY

The study will identify the factors that are associated with the recurrence of seizures in epileptic patients such that this information will help patients, guardians and the entire community to prevent these factors so that seizures are minimised.

The study findings will be used in the assessment of epileptic patients and then be used in counselling of these patients hence minimising the risk of recurrence.

The study findings will be of great benefit to the entire community since people like the health personnel will know the factors so that patients will be treated in totality.

The study findings might promote the social, psychosocial and even the physical well being of the patients since they will be in a position to understand the contributing factors to epilepsy hence preventing them.

BROAD OBJECTIVE

The main objective of the study was to identify the factors that contribute to the recurrent attacks of seizures in epileptic patients

SPECIFIC OBJECTIVES

The following were the specific objectives of the study:

1. To identify the psychosocial factors associated with the recurrence of epileptic Seizures
2. To determine the relationship between age, social standard and knowledge on the recurrence of seizures.
3. To identify common treatments epileptic patients receive.
4. To compare the common treatment the epileptic patients receive with the type of Seizures they have
5. To identify different measures that are taken by epileptic patient inorder to prevent the occurrence of seizures.

CHAPTER 2

LITERATURE REVIEW

INTRODUCTOIN

In research, literature review helps in finding the information that already exist in relation to the topic. This helps to identify the gap that is there between the information that is already there from different studies and the study that is conducted. (Polit and Hugler, 1995).

Epilepsy is a neurological disorder of consciousness that is often accompanied by sudden, violent involuntary contractions of a group of muscles (Phipps 1993). These seizures are due to abnormal, repeated synchronous discharges of large groups of neurones. (Manford 2003)

In the year 2002, the World Health Organisation explained in its bulletin that these epileptic seizures are triggered or precipitated by: flashing lights, hyperventilation, lack of enough sleep, emotion stress, physical stress, special smells, sounds, sensation of touch, alcohol, hormonal changes like menses, high fevers and overhydration.

The Tropical Health and Education Trust in mallow said that given the correct medication, epilepsy can be controlled but if left untreated, the effect on sufferers are a long term and devastating. Epileptic children are accused of daydreaming in schools as well as in their own societies and this prevents them from going to school and even participating fully in different activities taking place. (THET Malawi 2006)

Different people throughout the world and in these studies have done different studies on epilepsy; the disease has been looked at from different angles.

Shorvon and Reynold (1982) in London did a study on the prognosis of the disease. Study sample and the percentages of the findings were not included in the literature but only the results. It was then found that a prognosis could be made early in the course of the epilepsy. If treatment was started early after the onset of the seizure, the prognosis was found to be good and if however the seizures are still present after some years of treatment, the chances of complete remission are much less.

In the study, it was therefore explained that for the patient it is of greater importance that not only is his seizures controlled, but that the quality of his life is as good as possible. In all patients, therefore continuous medical guidance and supervision are necessary for a better prognosis.

The disease has some various psychological issues linked to it. For example,

In the northern America, a Canadian study found that people with epilepsy had more days off work, a lower annual income and a lower quality of life than people with other chronic illnesses. (WHO 2001). Reflecting on this study, we can see that epilepsy has a greater impact on individuals and it shows that some of these face recurrences that prevent them from participating fully in the society hence a need to identify these factors and sensitise the people on them so that they may be controlled or prevented thereby promoting people's lives.

In the United States a study was conducted to find out the causes of epilepsy in children. The sample size was not indicated in the literature but it was found that 50% of the children with recurrent seizures had their seizures before the age of 2 years. Out of that, 32% of the children that were studied had a history of perinatal complication while 11 %had a history of meningitis.

Again in the United States of America, the health research foundation in New York found that Asians and Afro-Americans experience difficulties in communicating with the doctors. As a result of this there are some misunderstandings such that some epileptic patients do not receive proper treatment leading to low health status since they find it difficult to explain better their own problems to doctors. This is really a big problem because if patients do not receive the appropriate treatment then the prognosis will be poor and then different complications may come in like mental retardation.

In a large medical research council, a study of drug withdrawal was conducted. Over 1000patients were randomised to continue therapy or withdrawing treatment after varying periods of seizure freedom From 2 to more than 5 years. Drug withdrawal was undertaken very slowly over 6 months or more. At 2 years 78% of the patients still taking treatment were seizure free compared to 59% of those who had withdrawn treatment. About 40% of recurrences were just single seizure episodes, with patients subsequently becoming free of attacks. About half the recurrences in the drug withdrawal occurred during the drug withdrawal period (Manford 2003).

STUDIES DONE IN MALAWI

Anne watts in 1984 in Embangweni designed a simple treatment model to help epileptic patients. People with epilepsy were informed in culturally relevant terms that epilepsy was caused by a dysfunction or a lesion in the brain and the sufficient time was therefore required for healing to occur. After 8 months, 11 individuals were receiving treatment in hospital. Following a publicity however 70 additional people received anti epileptic drugs over the following months. As some of these people walked over 20 miles to attend the hospital clinic, two mobile clinics were set up to facilitate attendance. After 2 years, 461 patients were registered at the hospital and the mobile clinics. Of the 250 people who began treatment in the 18 months of the programme, 68% were still attending. After 6 months of treatment, 56% of the patients had no seizures, whereas before treatment 88% had one seizure per month.

From this, it was then concluded that epilepsy is quite a big problem in Malawi. It was also found that when patients and guardians are aware of the treatments available they are always eager to go for treatment despite the long distances. It was therefore recommended that people should be sensitised about the available treatment so that they may know where to get the treatment hence promoting their health.

In Blantyre at Queen Elizabeth Central Hospital, D.Kumiponjera, B.A Manganya and J.H James conducted a research on epilepsy and burns from June- November in 1999. The study population consisted of epileptic patients admitted in the burns unit, epileptic patients attending out patient department dressing clinic and epileptic patients with a history of burns attending epileptic clinic at the same hospital. The participants were 43 in total .23 were male patients and 20 were females. Out of the 231 patients admitted in the burns unit over 6 months period, 32 of them were epileptic patients representing 14%. 7 patients out of 61patints at the OPD dressing clinic were also epileptic representing 11.4% and 4 people out of the 41 people attending the epileptic clinic had a history of burns. It was found that these patients suffered burns while having fits when they were alone.
The study therefore concluded that burns are a major complication of epilepsy in Malawi and that burns usually occur during an epileptic fit with a fall into the fire. The wide range (2-80 years) showed that all epileptics are at risk if they fell near a fire. Males and females were equally at risk from the study it appeared that there was a greater widespread ignorance about the dangers of exposure to fire. (The Malawi medical journal volume 12 November 2000).

From this study, the researchers concentrated much on the risk of epileptic patients on burns. They did not study something on the factors that contribute to the recurrences of epileptic fits yet the recurrences can put patients at risk of sustaining burns if seizures occur when the patient is alone and near the fire. This therefore creates a gap on these factors hence a need to study the contributing factors.

W.D. Malinga in 2000 did a study on the living experiences of epileptic patients in Zomba. A sample of 12 participants was used in the study. The participants were epileptic patients from Zomba. In his study, it was found that epileptic patients met many problems in their day-to-day lives. The findings concluded that these people experience problems like a feeling of confusion, fear, insecurity, feeling of being stigmatised, lowered self-esteem, hopelessness, and helplessness. It was found that most of these epileptic patients are not fully recognised in the society as a result they fail to contribute ideas freely in their societies. There was therefore a recommendation that people should be sensitised that epileptics may fully contribute in society as long as they are given a chance no need for stigma.

Reflecting on this study, we see that the researcher was only interested in the living experiences of epileptic patients but not the factors contributing to the recurrence. People living with epilepsy may contribute fully in the society because some of them are just normal in between seizures. One can hardly tell that a person is epileptic unless he or she witnesses the person having fits.

It is therefore necessary to promote the life of these people by preventing the factors that precipitate the occurrence of seizures. This therefore creates a gap for the need to study these factors and then sensitise people about the factors so that the recurrences are minimised.

In 2005, C.Masangalawe did a study on the lived experiences of the relatives of epileptic patients at Kamuzu Central Hospital in Lilongwe. A sample of 12 participants was taken and the method used was a qualitative method. In her sample 4 of the participants were male while the remaining 8 were female. The number of the participants seemed to favour women because in our Malawian setting mostly women are the ones who take care of patients and even take them to the hospital.

51% were mothers to the patients, 25% were sisters to the patients, 8%were grand mothers, 8% were fathers to the patients and 8% were brother in-laws to the patients.

The study findings indicated that some people in the society make silly jokes on these patients as a result the relatives are also affected psychologically. 42% of the participants presented with this problem while 52%of the participants reported that sometimes they are forced to pay back for things that these epileptic patients damage because of their behaviours which is also a burden to them because they are then affected financially.

The findings also indicated that relatives live in fear of whatever will happen to the patients. For example, they don't feel comfortable to leave the epileptic patient alone because they fear he or she might have seizures while alone and then sustain injuries hence they have a burden to make sure that the patient is always accompanied by someone.

From this study, it is therefore indicated that the relatives face many challenges in taking care of these people. Preventing the risk of having frequent seizures may promote the well being of these patients as well as their guardians. If recurrences are minimised the risk of these people misbehaving may also be reduced hence a need to identify factors contributing to the recurrences.

CHAPTER 3

CONCEPTUAL FRAMEWORK

THE HEALTH BELIEF MODEL

The conceptual framework that was used in the study was the health belief model. Rosenstock initially created this model in the 1950s. According to Kohler 1999, the model is a single model with components that interact to explain health behaviours and that it is an attempt to explain the use of preventive health services as childhood immunisation.

The main variables in the model are perceived susceptibility, which refers to one's opinion of the chances of getting a condition, perceived severity which refers to ones opinion of how serious a condition and sequel are, perceived benefits, referring to ones opinion of the efficacy of the advised activities to reduce risk of seriousness of the impact and perceived barriers referring to one's opinion of the tangible and psychological costs of the advised action. (Cremstone 2001)

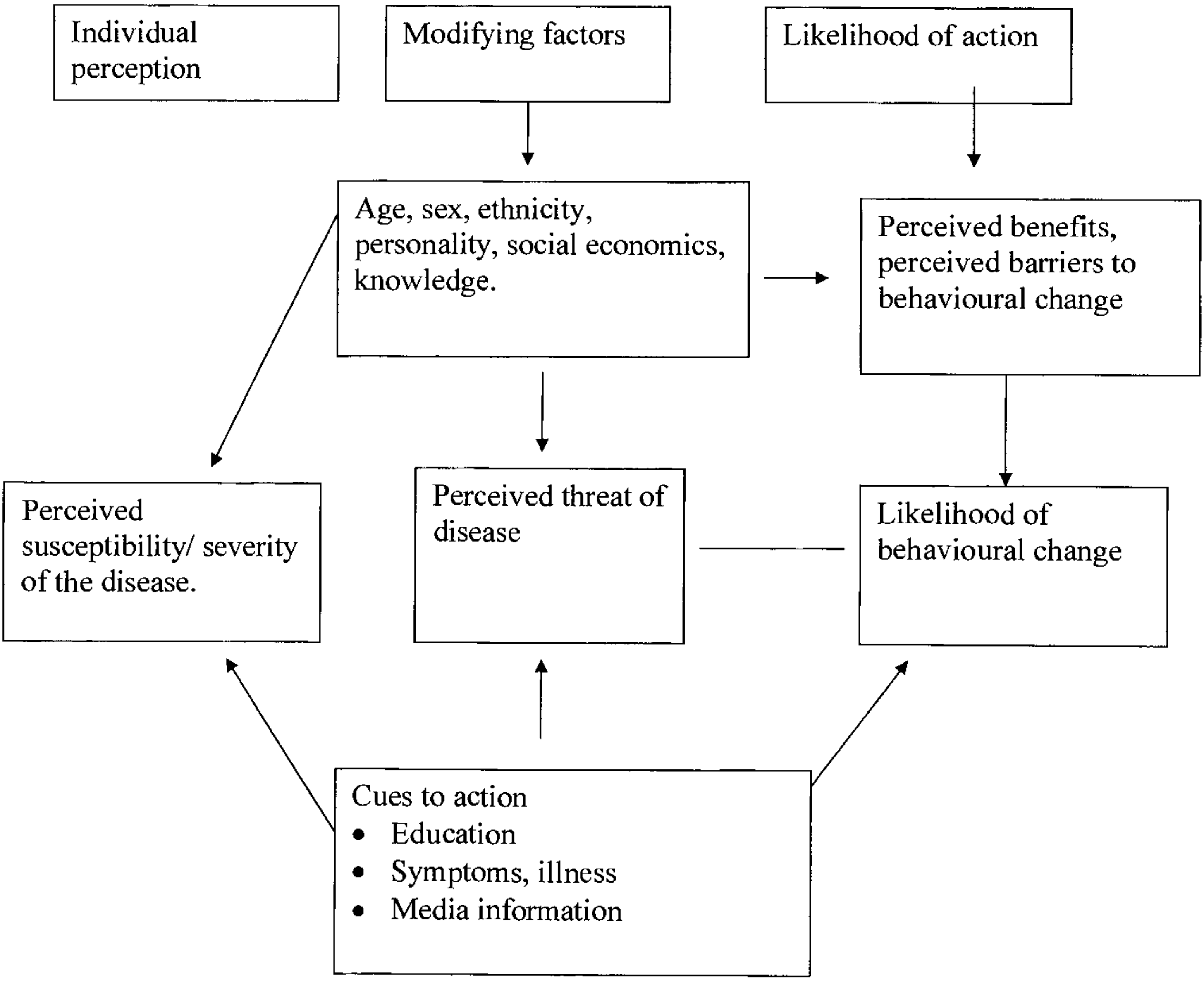
The premise for the conceptual base of the model is that an individual's perceived susceptibility and perceived severity of the disease determine a perceived threat that will increase the likelihood of the preventive actions or participate in a health intervention that will decrease or lessen that perceived threat.

The modifying factors like culture, social Millie, economic factors age gender level o understanding, educational level, knowledge and overall readiness for action can affect a person's perceived susceptibility and perceived seriousness of a given health problem hence affecting one's perceived benefit and barriers to health action.

In addition to these variables, the model also talks of cues to action. These provide suggestions on how to trigger health action. Perceived benefits are weighed minus perceived barriers and estimate the likelihood of a desired behavioural change. These include public and media information, health education, environmental events and body changes such as the discovery of disease symptoms. Cues to action may help motivate clients to take preventive health measures and infact the community health nurse is often the source of such cues.

The health belief model is useful to the nurse in explaining health-promoting behaviours that are triggered by an interest in preventing disease. The use of it helps to identify important factors that influence behavioural change. The most promising application of the model is for helping develop messages that likely to persuade individuals to use in disease preventive actions planned for clients

DIAGRAMATICAL PRESENTATION OF THE MODEL



The health belief model from Stretcher VJ, and Rosenstock I.M

Source: Cremstone S. 2001 page 386.

APPLICATION OF THE MODEL TO THE STUDY

Using the model, an individual's perception of his or her susceptibility to epileptic seizures may be affected by a number of factors like the modifying factors of age, culture and knowledge on the disease and even factors that precipitate the recurrence of seizures.

Again, sociopsychologic factors like social pressure and influence or individual motivation can also affect one's perceived threat of the disease and even health seeking behaviour. In addition to this the likelihood of a person taking the recommended preventive health action can also be affected by one perceived benefit of going to the hospital to get medication or not and even the absence of perceived barriers to treatment.

In addition to these, the nurse or any other health personnel can use the cues to action that are also in this model. As the model explains that cues to action may help to motivate clients to take the appropriate preventive health measures. In this study, educating the patients as well as guardians on the nature of the disease and even the contributing factors to recurrence can help these to people to take the appropriate health preventive action.

CHAPTER 4

METHODOLOGY

A descriptive quantitative method of a research study was used in the study to identify the factors that are associated with the recurrence of seizures in epileptic patients. A quantitative method of a research is an inquiry approach useful for describing trends and explaining the relationship among variables found in literature. (Creswell 2002). The method involves interpreting the data using prior predictions and research studies.

Using this method, the researcher was therefore able to describe trends and explain the relationship between variables that were studied.

SAMPLES AND SETTING

The study was conducted at Kamuzu Central Hospital epileptic clinic. Convenience sampling .In convenience sampling the researcher selects participants who are willing and readily available to be studied (Creswell 2002).

30 epileptic patients were selected to participate in the study. These participants were only those who were able to give consent on their own and able to express themselves and contribute fully to the topic under discussion.

DATA COLLECTION

Data was collected using questionnaires. Most of the questions were closed questions and participants were instructed to choose the answer they thought was right to them. The researcher was the one who was reading out the questions for the participants and the participants were giving out the answers according to the knowledge that they had.

PILOT STUDY

Pretesting of the study was done at Ntcheu District hospital where the researcher was doing her preceptership to assess if the questions were making sense. And through the responses that were given by five patients, it was then concluded that the questions were indeed making sense.

DATA ANALYSIS

Data was analysed manually to gain an overview of the factors contributing to the recurrence of epileptic seizures in epileptic patients. Each questionnaire was looked at thourally and completely analysed manually.

ETHICAL CONSIDERATIONS

Ethical issues are very crucial when it comes to research. It was therefore necessary to consider these issues before carrying out a research incase something was to happen to the participants.

Clearance letters were written and sent to the concerned authorities requesting permission to conduct the study.

Before conducting the study, a proposal was written and sent to the research and publications committee of Kamuzu College of Nursing for approval to conduct this study. The committee offered a certificate of approval following the submission of the proposal, and then the researcher proceeded with the study.

A letter was written and sent to the hospital director of Kamuzu Central Hospital to ask for his permission to conduct the study at Kamuzu Central Hospital since he is the one in control of everything that happens at the hospital. Permission was then granted by the director to continue with the study and share the results with KCH.

An informed consent was sought from the participants before collecting data from them. The topic as well as the aim of the study was fully explained to the individual participants inorder for them to have an insight of what the researcher intended to do. Participants were explained on their right to make an informed decision, participate voluntarily in the study as well as their right to withdraw any time without them being penalised. Issues of confidentiality were also taken into considerations. Subjects were advised not to give their names on the questionnaire to make the questionnaires anonymous. Only codes were used in the questionnaires.

Data was not collected in public i.e. in the presence of the other people but patients were asked one by one to give information in relation to the topic.

CHAPTER 5

PRESENTATION OF FINDINGS

INTRODUCTION

This chapter presents the findings of a quantitative study, which was done at Kamuzu Central hospital epileptic clinic on factors associated with the recurrence of seizures in epileptic patients. This chapter has got 2 sections. Section A and B. Section A presents demographic data while section B presents findings on epilepsy and factors associated with the recurrence. Data is presented in tables, graphs and diagrams.

SECTION A

DEMOGRAPHIC DATA

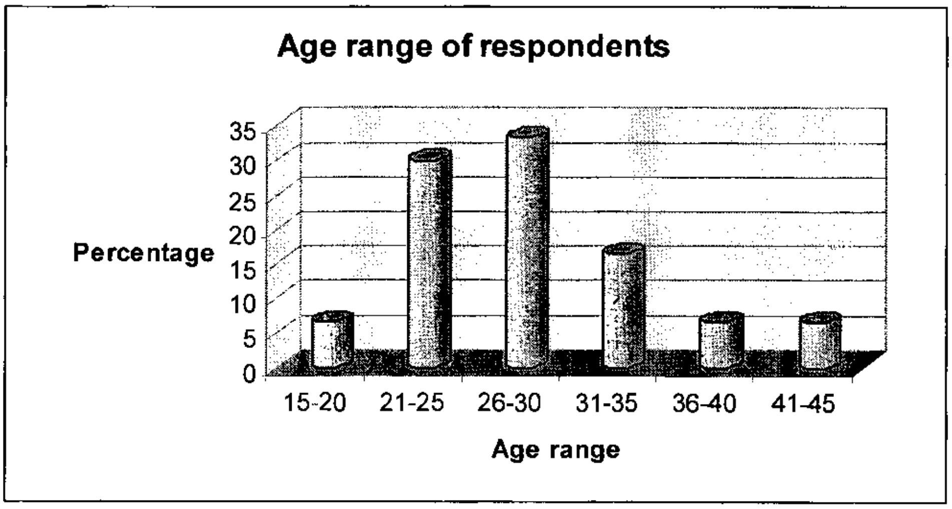
The demographic data of the participants was focused on age, sex, marital status, religion, ethnicity, and home of origin, educational level and patient's occupation. The findings are presented as below:

AGE OF THE RESPONDENTS

The respondents fell in different age groups. Out of the 30 participants, (100%), 6.6%(n=2) were within the ages of 15-20 years, 30% (n=9) were within the ages of 21-25 years, 33.3% (n=10) were within the ages of 26-30 years, 16.6%(n=5) were within the range of 31-35yeras , 6.6% (n=2) were within the range of 36-40years and 6.6% (n=2) were within the range of 41-45 years.

Majority of the participants were therefore within the range of 26-30 years old.

FIGURE 1: Age range of respondents



SEX OF THE RESPONNDENTS

Out of the 30 participants, 60% (n=18) were male patients while 40%(n=12) were female. Majority was therefore male patients. This was because convenient sampling was used and this is where participants that are available and ready to participate are used in a study hence the imbalance. The results are summarized in the table below.

TABLE 1: Sex of respondents

SEX	FREQUENCY	PERCENTAGE
Male	18	60
Female	12	40
Total	30	100%

MARITAL STATUS OF THE RESPONDENTS

On marital status, 40% (n=12) of the participants were married while 3.3% (n=1) of the participants were divorced and the rest 56.7% (n=17) were single. The results are as shown below in table 2.

TABLE 2: Marital status of respondents

MARITAL STATUS	FREQUENCY	PERCENTAGE (%)
Married	12	40
Single	17	56.7
Divorced	1	3.3
Total	30	100

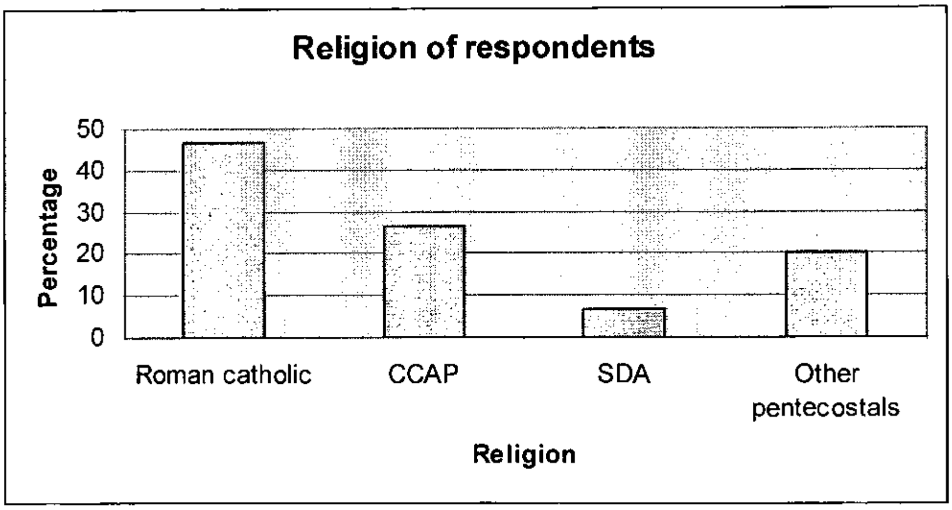
RELIGION OF THE PARTICIPANTS

All the respondents were Christians who belonged to different denominations.

26.6% (n=8) belonged to CCAP, 46.6% (n=14) belonged to the Roman Catholic Church, 6.6% (n=2) were Seventh Day Adventist church members and 20% (n=6) belonged to the other Pentecostal churches.

Majority of the participants were therefore Catholics.

FIGURE 2: Religion of respondents



HOME OF ORIGIN

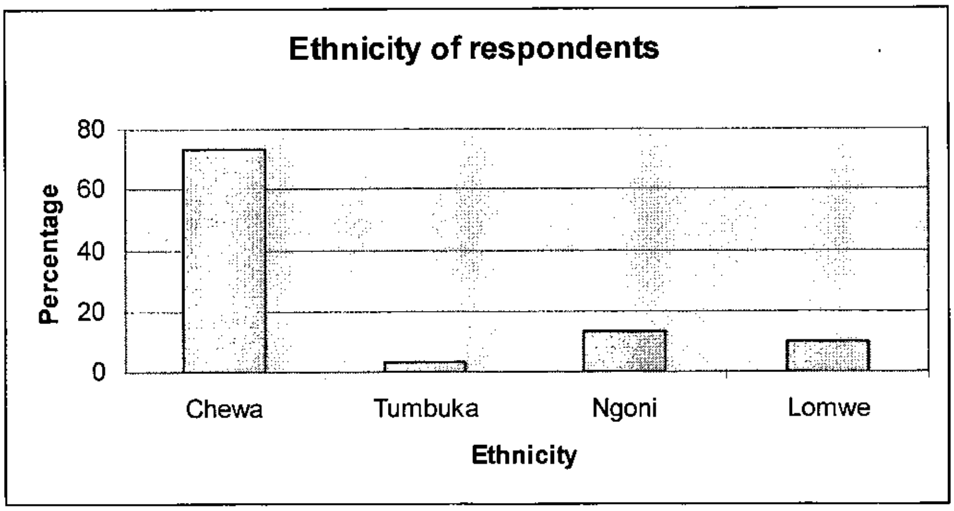
Out of the 30 participants representing 100%, 70% (n=21) were from Lilongwe, 6.6%(n=2) were from Dedza, 13.6% (n=4) were from Blantyre, 6.6% (n=2) were from Ntchisi and 3.3% (n=1) were from Chitipa.

The majority of the participants were therefore from Lilongwe.

ETHNICITY OF THE PARTICIPANTS

The participants were also asked on en their ethnicity and it was found that out of the 30 participants, 3.3% (n=1) was a Tumbuka, 10% (n=3) were Lomwes. 13.3% (n=4) were Ngonis and 73.3% (n=22) were Chewas. In summary the findings on ethnicity were as below in figure 3.

FIGURE 3: Ethnicity of respondents

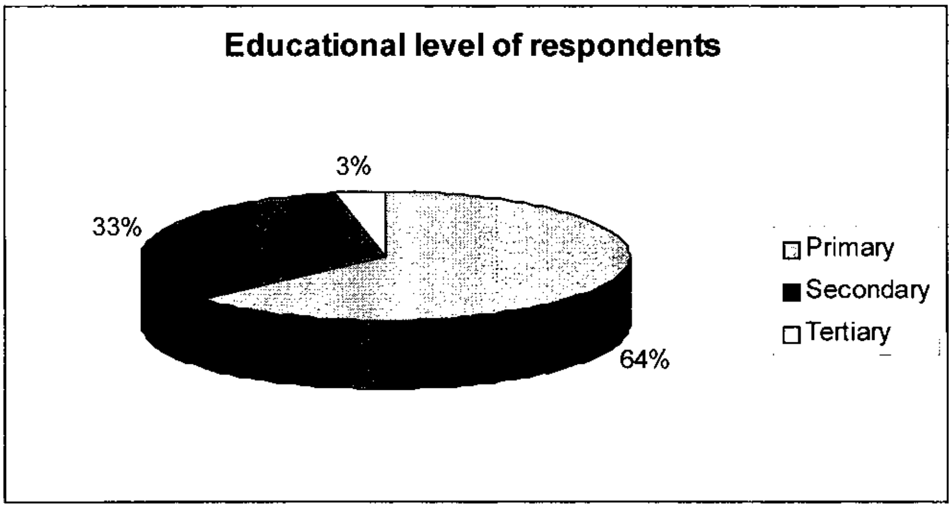


EDUCATIONAL LEVEL OF THE PARTICIPANTS

All the 30 respondents had ever gone to school but they stopped at different levels. i.e. primary level, secondary level and tertiary level. Only 6.6% (n=2) were still continuing with their school in secondary schools. 3.3% (n=1) of the respondents reached tertiary or college. 63.3%(n=19) stopped school at primary level and 26.6% (n=8) stopped school at secondary

The majority of the patients therefore stopped school at primary school. Most of them responded that they failed to continue with school due to financial problems while others said it was because of the disease.

FIGURE 4: Educational level of respondents

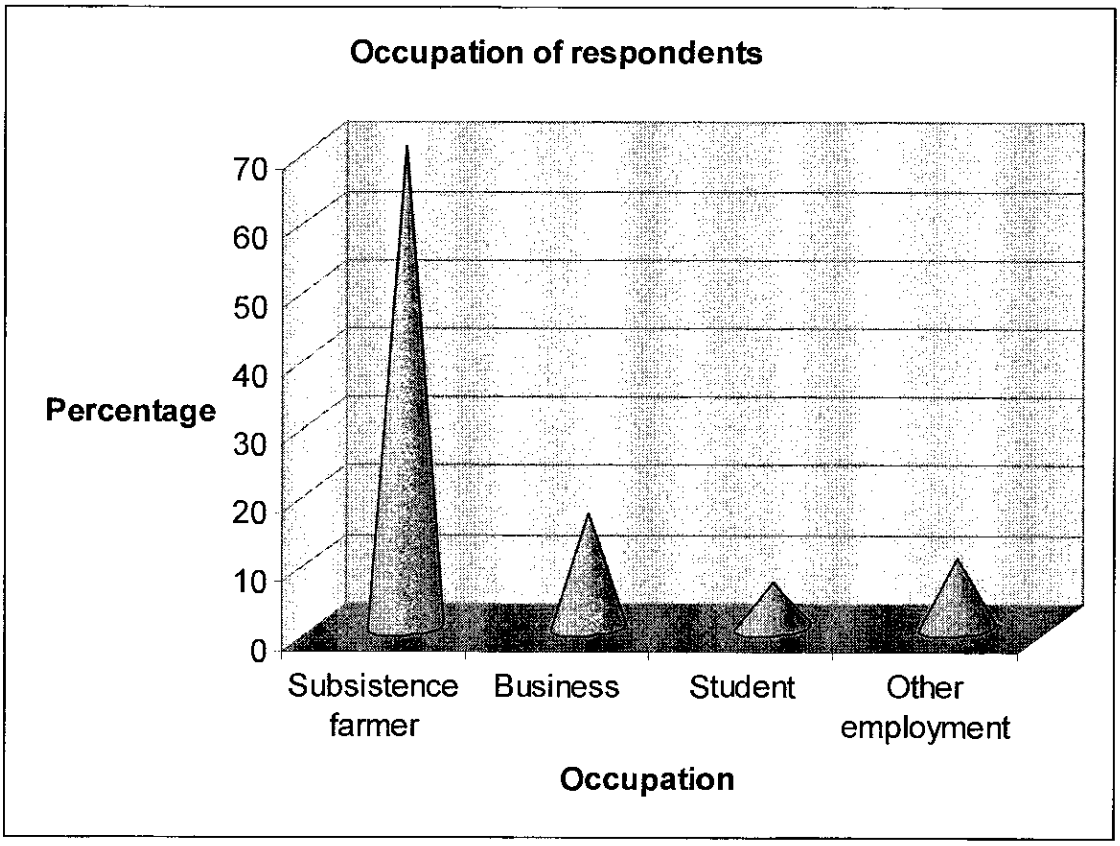


OCCUPATION OF THE RESPONDENTS

Majority of the patients responded that they are not employed but they only grow crops together with their family members to earn a living. That is to say they work as subsistence farmers. 21 patients responded they don't work representing 70%, 3 patients responded they are employed as assistant book keeper, guard and builder and this represented 10% of the studied population. 4 of them were businessmen representing 13.3% and 2 patients were only students representing 6.6%. These results therefore indicated that most of the patients were self-employed.

The findings on occupation are presented in figure below:

FIGURE 5 :Occupation of respondents



SECTION B

ISSUES RELATED TO EPILEPSY

INTRODUCTION

In this section, patients were asked questions related to epilepsy as the disease that they suffer from. Here the researcher was interested to know more about duration of illness, patient's knowledge on epilepsy, which included the cause, and treatment. Patients were also asked on the kind of medication they use, their beliefs as regarding the disease, their experiences on the recurrences of fits and their ideas on the possible contributing factors and their social life in the society. Again this chapter contains findings on the problems that these epileptic patients encounter in their day-to-day life and the preventive measures that they carry out to prevent the possible recurrences of fits.

DURATION OF ILLNESS

When the participants were asked on the duration of their illness, the results showed that majority of these patients have been suffering from epilepsy for more than 10 years. Others have been suffering for a range of 6-10 years while others within the range of 1-5 years.

From the findings it was shown that 21 patients representing 70% have been suffering from the disease for more than 10 years, while 20% (n=6) have been suffering for about 6-10 years and the rest of the 3 patients had suffered within the range of 1-5 years representing 10%of the total population of the respondents.

TABLE 3:Duration of illness of respondents

DURATION OF ILLNES IN YEARS	FREQUENCY	PERCENTAGE
1-5 year	3	10%
6-10 years	6	20%
>10 years	21	70%

KNOWLEDGE ON EPILEPSY

When the participants were asked on their knowledge about epilepsy different people gave answers. There were 3 main answers that were given but the common response was that epilepsy is a disease of the brain as 17 respondents said that the disease results from some abnormalities in the brain.

6 participants said that they know that epilepsy results from witchcraft and this represented 23.3%. These participants said that epilepsy results from evil acts of some other people and that epilepsy results from witchcraft

The other respondents said epilepsy is a hereditary disease that runs in a family.

On heredity 4 participants gave the same answer and this represented 13.3% but 2 of the respondents said they didn't have any idea of what epilepsy is all about.

TABLE 4: Knowledge of respondents on epilepsy

KNOWLEDGE ON EPILEPSY	**FRQUENCY**	**PERCENTAGE (%)**
A disease of the brain	17	56.6%
A diseases that results from witchcraft	7	23.3
A hereditary diseases	4	13.3
Don't know	2	6.6
Total	30	100

MEDICATION

When the participants were asked on the type of medication they use, if was found that 20% of the studied population were using both traditional and modern medicine while 80% (n=24) was using modern medicine only. The participants were also asked on whether they know the type of modern medicine that they get from the hospital and it was found that most of the patients did not know the names of the drugs they get while the other participants were able to mention the drugs they take by name. The others could only describe how the drugs appear like small red tablets referring to phenytoin and small white tablets referring to phenobarbitone.

Carbamazipine and phenobarbitone were found to be the most commonly used drugs in most of the patients. On frequency of taking the medication, 93.3% (n=28) of the total population said that they take their medication once a day and especially at night as advised by the health personnel while 6.6% (n=2) said that they take their medications 2 times a day in the morning and evening.

Again these patients were asked to explain what they experience when they stop taking their medication and all the participants said they experience seizures when they stop taking their medications.

SOCIAL LIFE OF THE RESPONDENTS

The participants were then asked questions that were in relation to their social welfare. They were asked on alcohol abuse, their relationship with others in the community and the persons responsible for their welfare.

On the use of alcohol it was found that 10% of the participants who were all men take alcohol more especially during the weekends. Masese and chibuku were mentioned to be the type of alcohol that these people take.

90% (n=27) denied the history of taking alcohol. some of them said they used to take alcohol but they stopped following the advise they were given by the health personnel. The participants were also asked to mention the persons responsible for their social welfare that is to say people who take care of them at home. It was found that out of the 30 participants, 3 people representing 10% reported that they are taken care of by their mothers, 11 of the participants representing 36.7 % of the studied population said they are under the care of both parents, 2 of them said they get support from their sisters representing 6.6%, 1 of them said she lives with her brother representing 3.3% and 40% (n=12) live with their partners and 1 patient representing 3.3% said he lives alone. The results therefore showed that the majority of the patients were dependent on others for the support of their day today life.

INTERACTION WITH OTHERS IN THE COMMUNITY

The participants were also asked on their interactions with the other people in different communities that they come from.

These patients were asked on how the community surrounding them treats them. This aimed at finding out whether these patients face problems of segregation in the communities or not.

80% (n=24) said that they are treated equally while 20% said they face problems of segregation.

For those who said they are segregated, were asked to give some examples on how people segregate them and they said they are not given chances of leading some groups in the society so they feel it is because of the disease they have.

Again the participants were asked on whether their family members involve them in different activities taking place in their homes. These people said they are involved in activities like cleaning the surrounding, cultivating and many other things.

HISTORY OF EPILEPTIC SEIZURES IN THE PAST 2 MONTHS

The participants were also asked on whether they have had seizures in the past 2 months of the interview, it was then found that 25 patients representing 83.3 % of the studied population had seizures in the past 2 months while 16.6% (n=5) had no seizures in the past 2 months.

Out of the 25 patients who have had seizures in the past 2 months, 36%(n=9) had seizures once, 24% (n=6) had seizures 2 times and 40% (n=10) had seizures 3 times and more within the last 2 months of the interview.

TABLE 5: Number of fits as experienced by respondents in the last two months.

NUMBER OF FITS	FREQUENCY	PERCENTAGE
1	9	36%
2	6	24%
3+>	10	40
Total	25	100%

FACTORS CONTRIBUTING TO THE RECURRENCE OF SEIZURES.

Having suffered from epilepsy for quite some time, all the participants were asked on factors associated with the recurrence of seizures in them and different answers were given. Emotional stress, and psychological stresses were found to be the major contributing factors. In addition to these factors, treatment non-compliance and treatment changes were also found to be the other major contributing factors.

Almost all the participants said that whenever they don't take their medication as prescribed they always experience seizures and if not, some other signs of abnormalities like dizziness and heart palpitations are experienced.

Most of the participants therefore mentioned stress as a major contributing factor to the recurrences. They said it is because of the different problems that they face in life and this keep them worrying hence the occurrence of seizures.27 participants representing 90% said that emotional and psychological stresses contribute to the recurrence of seizures.

In addition to these factors treatment changes were also mentioned to be the contributing factors to seizure recurrences. Furthermore some respondents mentioned high temperatures as one of the contributing factors to the recurrence of epileptic seizures.

PATIENT'S BELIEFS ON FACTORS ASSOCIATED WITH RECURRENCES

The participants were also asked on their beliefs that are attached to the occurrence of seizures. Different answers were given in relation to the disease. Some of the answers included witchcraft and some cultural beliefs. Some foods were culturally believed to be precipitating factors. Pork, Mlamba fish and okra were mentioned to be the kind of foods that an epileptic patient is not supposed to take because they are believed to precipitate seizures.

Others said that attending funeral ceremonies and eating food that is cooked at funeral related ceremonies can precipitate the occurrence of seizures.

Others stressed on witchcraft while others said the disease is a natural disease that comes from God and so they believe everything that happens to them comes from God.

PROBLEMS FACED BY EPILEPTIC PATIENTS

When the participants were asked on the problems they encounter, different answers were also given. The problems included financial problems, lack of employment, lack of resources, lack of marriage, failure to finish school and risk of injuries. Others also complained of fear of embarrassment in case they have fits in public.

18 of the participants complained of financial problems due to lack of employment and this represented 60% of the studied population. 2 of them representing 6.6% complained of loss of memory at times. 4 of the participants complained of failure to finish school and 6 of them representing 20% complained of risk of injuries.

On risk of injury the participants gave examples like sustaining burn wounds following epileptic fits near the fire when one was alone.

On financial problems the participants described different problems and things they need in life but they are not able to get them on their own because of the disease.

On failure to continue with school patients complained that they believe they failed to continue with their studies because of the nature of their disease. Some of the participants said because of the disease they think they cannot marry because they feel they cannot manage to meet the demands of people. The results therefore showed that epileptic patients face a lot of problems in their everyday lives.

PREVENTIVE MEASURES UNDERTAKEN BY EPILEPTIC PATIENTS

Lastly the patients were asked on the preventive measures that they take in order to prevent the occurrence of seizures.

All the 30 participants representing 100% of the studied population said that they prevent unnecessary seizures by taking their medications as prescribed by the health care providers at the epileptic clinic.

In addition to this, 18 participants representing 60% said they also prevent the occurrence of seizures by preventing stresses like quarrelling with people and refraining from thinking too much. They said they also try to be together with friends and other relatives and that they involve themselves in different activities taking place in the society in order to make themselves happy. Within the same group other said they involve themselves in choir as a way of refraining from loneliness, which keeps them thinking.

Again 20% (n=6) said they do not attend funeral ceremonies because they believe attending funeral ceremonies can precipitate one to have epileptic fits.

Others also mentioned the prevention of alcohol abuse as another preventive measure. 4 of the participants representing 13.3% responded they do not take alcohol as the nurse at the epileptic clinic advised them during health education on the nature of the disease.

CHAPTER 6

DISCUSSION

INRODUCTION

This chapter contains a discussion on the findings, the conclusions that were made, limitations of the study and recommendations.

In this chapter is where the study findings will be interpreted.

DEMOGRAPHIC DATA.

Data was collected from 30 epileptic patients who were conveniently available for the study. The findings showed that the majority of the participants were within the ages of 21-25 years and 26-30 years as evidenced by the highest percentages within these ranges as compared to the other age ranges. Within the ranges of 21-25 years old, the percentage was 30% while within the ages of 26-30 years the percentage was 33.3%.

These results showed that the participants were old enough to explain themselves in relation to the topic under study and even add more information on the questions. It was again important to have patients of different age groups as these people have different life experiences in relation to the disease they have at hand thereby producing better results.

As literature states that epilepsy develops at any age whether in early childhood or adulthood so it was therefore necessary to have participants of different age groups in order to have proper information in relation to the topic.

As shown in the presentation, the participants were of both sexes. This was very important because patients of the opposite sex have different life experiences that can be shared in research.

60% of the participants were male and 40% (n=12) were female patients. This was because a convenience sampling was used during data collection and it happened that during the days of the interview majority of those who participated were men.

Still on demographic data, it was found that most of the patients were single as evidenced by a greater percentage of the single participants, which was 56.7%. These results are so significant in the social life of these epileptic patients. In our Malawian setting it is very common that people get married at the age of 18 years or even before this age, but in this case we see that most of the participants were above 21 years as stated already but were not married. These results are therefore so significant in this study in the way that these epileptic patients are not socially at ease. WHO in 2002 stated that epilepsy has serious physical, psychological and social economical consequences for the concerned persons and their families. So reflecting on the findings of this study, it is therefore concluded that these patients suffer socially and this can as well lead to psychological suffering as well.

Again the research findings showed that all the participants were Christians from different denominations with a highest percentage of Roman Catholic patients and thus 46.6% (n=14).

These findings on religion were significant because some religious beliefs affect patient's health seeking behaviour for example in some churches they believe that only prayer can cure a person thereby affecting the health seeking behaviours of these individuals. From the results in this study it was found that all the 30 participants had no religious limitations in seeking treatment from the hospital and this was good because epileptic patients need a continuous supply of drugs.

The research findings also showed that the majority of the participants were Chewa. This is because the study was conducted in the central region where the majority of the people are chewas.

Results also showed that majority of the participants stopped school at primary level as evidenced by a higher percentage of 63.3%. (n=19) and that 33.3%reached secondary while only 1 participant representing 3.3% reached college.

From these results it can therefore be concluded that most of the epileptic patients are not educated and this therefore have some negative impact on patients understanding of the disease process prognosis and treatment..

For somebody who is educated, it is quiet simple for him or her to understand things more easily as compared to somebody who is not educated. Educational level can therefore influence the health seeking behaviour of individuals because they can hardly understand things. With reference to the findings even treatment compliance can also be affected because of the level of understanding.

Final results on demographic data showed that majority of the participants were not employed but rather they are self employed as they stated they were subsistence farmers as shown by a greater percentage of 70%. This follows reason that majority of these patients were not educated as stated already hence no employment. Only 10% of the studied population were employed in different place. The rest were only students.

These results therefore reflect a statement that was made by WHO in 2002 where it was said that the disease has serious physical, psychological, social and economical consequences for the concerned persons and their families.

Reflecting on the findings of this study, it is clearly shown that economically these patients are affected as majority of these patients are not employed since they are also not educated as a result they end up seeking financial support from their relatives and this again can affect them psychologically hence a poor response to treatment.

ISSUES RELATED TO EPILEPSY

DURATION OF ILLNESS

The study has shown that majority of the patients had suffered from epilepsy for more than 10 years as represented by a highest percentage of 70% while the other patients had suffered for less than 10 years.

The results therefore signified that these patients had different life experiences with epilepsy and again they signified that epilepsy is a chronic disease, which gives problems to people for a longer period of time. These results therefore are in line with literature, which says that epilepsy is a chronic disease and that medications are given to prevent frequent attacks of seizures. In the same way the participants were still presenting with seizures despite the treatment hence there was a need for continued treatment in these patients.

KNOWLEDGE ON EPILEPSY

The results showed that most of the patients had some knowledge on epilepsy as 56.6 % (n=17) responded that epilepsy is a disease, which involves the brain. Even though there was this good response, some participants showed that they had some misconceptions about the disease as 23.3 % of the studied population responded that epilepsy results from witchcraft. Again the results had shown that epilepsy is also looked at from a hereditary point of view as some respondents had put it during the interview. From this study, knowledge of the disease is seen to be very important as this can improve patient's treatment compliance. Knowledge of the disease helps people to understand the disease and this can even improve treatment compliance. From the study, it was therefore good that the majority of the participants knew epilepsy from the physiological point of it. I.e. heredity and brain damage this again shows that these patients understand the health education that is given to them at the clinic.

The study also found that 6.6% of the participants did not know what epilepsy is. This is not good for the patient as it is always necessary for patients to have information pertaining to the disease as this can affect treatment compliance. In the same way people's misconceptions can affect their ability to treatment compliance.

MEDICATION

Results showed that majority of the patients use modern medicine only as 80% (n=24 responded that they use modern medicine only even though the other participant said that they use both traditional and modern medicine.

It was very discouraging to learn that most of the patients did not know the medications they take by name because it is always necessary that patients should know the kind of medication they take. Again this reflects educational level of the participants as most of them stopped school at primary level so this really affects their level of understanding during health education. These patients therefore stand at a greater risk of making mistakes on treatment incase they have drugs of the same colour and shape at one time. This can therefore lead to some other emergencies like drug overdose.

The results again indicated that most of the patients take their medications as prescribed as the majority of these patients 93% responded that they take their medications once a day and at night. Using pharmacological knowledge, most of the ant epileptic drugs are taken at night so the findings had shown that almost all the participants take their medications as advised by the health personnel.

SOCIAL LIFE OF THE PATIENTS

The study had shown that majority of the patients do not take alcohol as 90% of the studied population denied history of alcohol abuse. Again the results had shown that these epileptic patients follow some of the health education or the pieces of advices that they get from the hospital for example the advice of not taking alcohol as this can precipitate the occurrence of seizures in due to hypoglycaemia.

Results had also shown that majority of the epileptic patients are dependent on their relatives and other family members as it was observed that most of the participants said that they live with their relatives. This therefore reflects WHO's statement which explains that the disease has different effects on the concerned individual as well as relatives. This again proves that the disease has some sociological effects on all people concerned.

On the other hand it was also encouraging to find that 40% of the participants live with their partners meaning that they are married. Living with partners in this case meant that these patients were able to share with their beloved ones life experiences thereby allaying their anxiety and reduce the stresses that may arise since the partners can provide psychological support. Again these partners can play a role in monitoring treatment compliance of the patients.

It was again very encouraging to learn from the patients that the majority of the people in their communities treat them equally just as any other person. In the past, people with epilepsy have always been looked down upon (WHO 2002) but then from the findings of this study, it has been shown that people are now well equipped with information about epilepsy. These results therefore indicate that the social life of these patients is no w improving since most of them said they are treated equally even though 20 % of the participants said that they experience some acts of segregation like not leading some groups.

HISTORY OF EPILEPTIC SEIZURES

The research findings had shown that majority of the participants 83.3% had seizures in the past two months of the interview. These results therefore indicate that despite treatment and their monthly visits to the epileptic clinic, epileptic patients still experience seizures. The occurrence of seizures can then affect the health seeking behaviour of an individual because she or he may perceive the visits to the hospital as of little benefit if he is still having fits while on treatment.

FACTORS CONTRIBUTING TO THE RECURRENCE OF SEIZURES.

The findings had shown that emotional stress, psychological stress and treatment non-compliance are the major contributing factors to the recurrence of seizures. 90 % of the studied population stressed on both internal and external stresses as the major contributing factors to the recurrence of seizures. On treatment compliance almost 100% of the studied population said it is a major contributing factor.

In addition to these three factors, treatment changes and high temperatures were also found to be the contributing factors to the recurrence of seizures

As patients with a chronic problem, these patients face a lot of challenges and since their disease is a chronic one, it means that they keep on worrying hence this can lead to the occurrence of seizures.

On emotional stress and psychological stress the participants mentioned different factors that gives them tresses like financial problems and quarrels and any other disputes and according to them this contributes to the occurrence of seizures.

From the results it is also seen that medication / treatment changes in these patients can precipitate the recurrence of seizures. Because epilepsy is a chronic disease, these patients mostly get the same drug for quite a longer period of time and their bodies get used to the type of medications they usually take.

With changes in treatment, there can be some negative body responses to the new drug that may be used hence the patient experiences changes in the occurrence of seizures.

PATIENT'S BELIEFS ON FACTORS ASSOCIATED WITH RECURRENCE OF SEIZURES

Results from this study had shown that some of the participants still have some misconceptions on factors associated with the recurrence of seizures. Some of these patients had a belief that seizures are associated with witchcraft while others believed that seizures are precipitated by eating some other foods that are restricted in epileptic patients like mlamba fish, pork and there're. Others also believed attending funeral ceremonies can precipitate the occurrence of seizures.

Believes like these can affect the health seeking behaviours of the individuals for example with these beliefs one can hardly think that the right treatment for him or her is modern medicine only but he or she may think that traditional medicine can do better.

PROBLEMS FACED BY EPILEPTIC PATIENTS.

Results had shown that epileptic patients meet different problems in their day-to-day life. Lack of employment, loss of memory, failure to finish school and risk of different injuries as well as fear of the unknown were found to be the common problem faced by these patients. In particular results had shown that majority of the participants lack employment as shown by a percentage of 60%.

This reflects the findings on the demographic data of these patients on their level of education where it was observed that the majority of the participants stopped their education at primary level. For someone who did not go further with school it is therefore clear that it will be hard for such an individual to get a job because of his qualification. Lack of education therefore makes these patients to be more dependent on others and this again can lead to stress thereby precipitating the recurrence of seizures.

Again risk of injury puts a burden on the concerned individual as well as the guardians. For example if an epileptic patient sustains burns this can lead to admission to the hospital where a guardian will also be involved in the provision of care.

PREVENTIVE MEASURES

On preventive measures results had shown that the majority of the patients prevent the frequent occurrence of seizures by taking medication as prescribed. In addition to this, results had also shown that different way of preventing stresses are carried out for example participating in different activities taking place like singing choir.

Refraining from attending funeral ceremonies was also found to be one of the preventing factors.

CONCLUSION

The study identified factors that are associated with the recurrence of seizures in epileptic patients at KCH epileptic clinic. Findings have shown that most of the patients do not know their medications by name but they know the medications by their physical appearance.

The findings have also shown that epileptic patients meet a lot of problems in their day-to-day life. Most of them fail to continue with their education as a result they experience financial problems thereby increasing the rates of dependency in the society.

The study has shown that people have now started to recognise epileptic patients epileptic patients as part of them and that acts of segregation are now decreasing.

Finally the findings have shown that emotional stress, psychological stress, treatment non-compliance and treatment changes are the major contributing factors to the recurrence.

STUDY LIMITATIONS

Despite the completion of this study, there were some limitations to it. These limitations are explained as below:

There was not enough literature regarding the topic i.e. epilepsy especially in Malawi such that the researcher could not find the good statistics of the disease and this provided some gaps in literature review.

Being a student who is dependent on parents and guardians, it was hard to source funds for everything that was needed in this study like stationally and printing services as a result there were some delays throughout the process due to financial problems.

RECOMMENDATIONS

Following some observations that were made, the researcher recommends the following:

Nurses responsible should stress on health education of these patients each time they come to the clinics for review and this health education should focus on the nature of the disease, treatment as well as the names of the drugs they take. This will instill in them an understanding of this disease thereby removing some misconceptions that patients have like associating the recurrences with witchcraft.

Again nurses should intensify epilepsy education to family members of the epileptic patients on contributing factors so that these factors are prevented at home like stresses and treatment compliance.

The whole community should be sensitised on epilepsy and be encouraged to send children with epilepsy to school.

The nurses responsible together with the other authorities at KCH, should always ensure that there is continuous supply of ant epileptic drugs to the clinic to prevent unnecessary treatment changes due to shortage of drugs.

The hospital in collaboration with the ministry of health should make an effort to train more nurses to manage epilepsy so that some of the patients should get treatment in the nearby clinics thereby reducing the costs of travelling since these people already face financial problems. Mobile clinics can be more effective and can be of great benefit to these patients.

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APPENDICES.

A. TIME LINE

ATIVITY	MONTH	YEAR
Identification of topic, formulation of objectives and literature review.	February -March	2006
Development of research proposal	April -June	2006
Submission of the research proposal	June	2006
Pretesting	July	2006
Data collection	August	2006
Data analysis	August -September	2006
Report writing	October -November	2006
Dissemination of results	November	2006

APPENDIX B. BUDGET

ITEM	COST (MK)
5 diskettes at k100 each	500.00
2 reams at k550 each	1100.00
4-ball point pens at k20 each	80.00
1 hardcover for draft at k300	300.00
4 pencils at k15 each	30.00
5 large envelops atk20 each	100.00
4 small envelops at k10 each	40.00
Money for literature review (internet costs)	1000.00
Printing of proposals and dissertation	2000.00
Transport for data collection	5000.00
Binding of proposals and dissertation	1000.00
Total	11 150.00
Contingency 10%	1 115.00
Grand total	12 265.00

JUSTIFICATION OF THE BUDGET

STATIONARY

Stationary was needed for draft of the research as well as report writing. Again, stationary was needed for writing some information during literature review and photocopying of the final proposal and dissertation.

PRINTING AND BINDING

There was need for printing, photocopying, printing and binding of the proposal as well as the final dissertation and all this required money to ensure proper organisation and durability. Not only this, money was also required during literature review since some the information was found on Internet.

CONTINGENCY

This money was very necessary to meet any funds required for unbudgeted things until the submission of the dissertation.

C.

The University of Malawi
Kamuzu College of nursing
P/bag 1
Lilongwe.

Dear participant,

CONSENT TO PARTICIPATE IN A STUDY ON FACTORS ASSOCIATED WITH THE RECURRENCE OF SEIZURES IN EPILEPTIC PATIENTS.

My name is Violet Bandawe a 4th year student currently persuing a Bachelor of Science degree in nursing at Kamuzu College of nursing.
In partial fulfilment of the degree programme, I am supposed to conduct a research study .the topic of my study is as underlined above. It is therefore my request to you to participate in this study.

During your participation, you will be required to answer some questions in relation to the topic. Since most of the answers are provided already in the questionnaire, you will therefore be required to give the answers that you think are correct to you.

Please take note that participation in the study is voluntary. You are free to participate or not. Again, let it be known to you that during the study you are free to withdraw without being penalised.
The study will not involve any body experiments that may harm you and the answers that will be given by you will be kept in confident except for me the researcher and my supervisor. Also, take note that the study findings may not have direct benefits to you but rather to the whole community
During the interview, you will not be required to mention your name inorder to ensure confidentiality.
If you agree to participate in the study, you will be expected to sign below.

Your participation will be greatly appreciated.
Researcher
Signature: .... Date:
Violet Bandawe

I, the undersigned have read and understood the information given above. I therefore give consent to participate in the study
Signature. ....Date:

D. QUESTIONNAIRE DESIGN

INSTRUCTIONS: 1. Choose the answer from the list provided by ticking.
2. Do not write your name on the questionnaire
3. Provide the correct answers in the blank spaces

Date of interview: ………………………………………………………

Code number: ……………………………………………………………

SECTION A: DEMOGRAFIC DATA

1. What is your age?

15-20 [ ]

21-25 [ ]

26-30 [ ]

31-35 [ ]

36-40 [ ]

41-45 [ ]

46-50 [ ]

51-60 [ ]

61-65 [ ]

66-70 [ ]

2. Sex is: male [ ]
Female [ ]

3 marital status
Married [ ]
Single [ ]
Divorced [ ]
Widow [ ]

4. If you are not married why?
You were divorced [ ]
You are a widow [ ]
You are a widower [ ]
Others specify…………………………

5. What is your home district?
Mention.......................................

6. Which church do you belong to?
Roman Catholic [ ]
CCAP [ ]
Anglican [ ]
SDA [ ]
Islam [ ]
Others specify ....

7. What is your occupation?
Subsistence farmer [ ]
Primary teacher [ ]
Business man/woman [ ]
Others specify ....

8. Which tribe do belong to?
Chewa [ ]
Tumbuka [ ]
Ngoni [ ]
Yao [ ]
Others specify.....................................

9. Have you ever gone to school?
Yes [ ]
No [ ]

10. If yes, what is your educational level?
Primary 1-5 [ ]
6-8 [ ]

Secondary
Form 1-2 [ ]
3-4 [ ]

Tertiary [ ]
Adult literacy [ ]
None [ ]

SECTION B: QUESTIONS ON THE DISEASE

11. How long have you been suffering from epilepsy?

Since birth [ ]
1-5 years [ ]
6-10 years [ ]
Others ....

12. What do you know about epilepsy?

A disease of the brain [ ]
A disease of poor people [ ]
It is a contagious disease [ ]
It is caused by evil spirits [ ]
It results from witch craft [ ]
Others specify ....

13. What medication do you take for your disease?

Both traditional and modern medicine [ ]
Modern medicine from the hospital only [ ]
Others specify.......................................

14. What medication do you take from the hospital for your disease?

Phenobarbitone [ ]
Carbamazipine [ ]
Phenytoin [ ]
Don't know [ ]
Others specify ....

15. How frequent do you take your medication?

Once a day [ ]
2 times a day [ ]
At times [ ]
Only when you experience fits [ ]
As prescribed [ ]
Others specify ....

16. What happens when you don't take your medication for some time?

Nothing happens [ ]
You experience seizures [ ]
You become confused [ ]
Others specify ....

17. Do you take alcohol?

Yes [ ]
No [ ]

18. What type of alcohol do you take?
Liquor [ ]
Masese [ ]
Others specify................................

19. How often do you drink alcohol?
Each and every day [ ]
Once in a week [ ]
At times [ ]
Others specify...........................

20. Did you have fits for the past 2 months?
Yes [ ]
No [ ]

21. How many times did you have fits?
Once [ ]
2 times [ ]
3 times and more [ ]

22. Before the onset of the fits you had what really happened to you?
You had a quarrel with someone [ ]
You were hungry [ ]
You had a fever [ ]
There was something strange [ ]
Others specify ....

23. What factors do you think contribute to the occurrence of seizures?
Financial problems [ ]
Emotional stress [ ]
Flashing lights [ ]
Loud sounds [ ]
Others specify ....

24. What do other people say about factors that precipitate the occurrence of seizures?
Standing or being in a crowd [ ]
Quarrelling with people [ ]
Seeing strange things [ ]
Others specify.....................................

25. Who takes care of you at home?
Mother [ ]
Father [ ]
Both parents [ ]
Self [ ]
Others specify ....

26. What problems do you face because of the disease?

Lack of employment [ ]
Lack of food and other things [ ]
Lack of marriage [ ]
Others specify..

27. How do people in your community look at you or treat you?

They segregate you [ ]
They laugh at you [ ]
They mock you because of the disease [ ]
Others specify ....

28. In what ways do people segregate you because of the disease you have?

Leading different groups [ ]
They laugh at you [ ]
Attending different meetings [ ]
Others specify..................................

29 At your home, do your family members involve you in different activities taking place in the home?

Yes [ ]
No [ ]

30. If yes what activities?

Chores [ ]
Digging in the garden [ ]
Others specify. ....

31. Do you have any beliefs that are related to the recurrence of seizures?

Yes [ ]
No [ ]

32. What are these beliefs?

Attending funeral ceremonies [ ]
Eating some foods like pork and mlamba fish [ ]
Eating food cooked in funeral related ceremonies [ ]
Others specify. ....

33. Having suffered from epilepsy for some time, what factors do you think contribute to the occurrence and recurrence of seizures in you?

Psychological distress [ ]
Emotional stresses [ ]
Alcohol drinking [ ]
Not taking medications as prescribed [ ]
Others specify. ....

34. When do you mostly experience seizures?
- When you don't take your medication as prescribed by the health personnel [ ]
- When you are hungry [ ]
- When you are not in good terms with other people [ ]
- When you take alcohol [ ]
- When something is worrying you [ ]
- Others specify. ....

35. What do you yourself do to prevent the occurrence of seizures in you?

- Not attending funeral ceremonies [ ]]
- Taking medications as prescribed [ ]
- Refraining from noisy places [[ ]
- Avoiding quarrels with people [ ]
- Avoiding foods that are believed to precipitate the disease [ ]
- Others specify ....

End of questions!!
Thanks for your participation.

NDONDOMEKO YA MAFUNSO

MALANGIZO: 1.sankhani yankho loyenera pamayankho omwe mwapatsidwa.
2.musalembe dzina lanu pa pepala lamayankho.
3.pelekani mayankho olondola mmipata momwe simunalembedwe.
4. Muzichita chochonga poyankha mayankhowo.

Date: ……………………

Nambala:

GAWO LOYAMBA: MBIRI YANU

1. Kodi muli ndi zaka zingati?

Pakati ka: 15 ndi 20 [ ]
21 ndi 25 [ ]
26 ndi 30 [ ]
31 ndi 35 [ ]
36 ndi 40 [ ]
41 ndi 45 [ ]
46 ndi 50 [ ]
50 ndi 55 [ ]
56 ndi 60 [ ]
61 ndi 65 [ ]
66 ndi 70 [ ]

2. Ndinu aakazi [ ]
Aamuna [ ]

3 Kodi muli pabanja?

Eya [ ]
Ayi [ ]

4 ngati simuli pabanja nchifukwa ninji?

Tchulani …………..

5. Kumudzi kwanu ndi kuti?
Tchulani………………………

6. Mumapemphera mpingo wanji?
Katolika [ ]
CCAP [ ]
Anglican [ ]
S.D.A [ ]
Chisilamu [ ]

7.Mumagwira ntchito yanji?
Yaulimi [ ]
Yauphunzitsi [ ]
Yabizinezi [ ]
Zina tchulani [ ]

8. Ndinu a mtundu wanji?
Achewa [ ]
Atumbuka [ ]
Angoni [ ]
Ayawo [ ]
Alomwe [ ]
Zina [ ]

9. Kodi munapitapo kusukula?
Eya [ ]
Ayi [ ]

10.Ngati eya munafika nayo pati
Pulayimale kalasi 1 mpaka 5 [ ]
6 mpaka 8 [ ]

Sekondare: foromu 1 mpaka 2 [ ]
Foromu 3 mpaka 4 [ ]

Koleji [ ]

Sukulu ya kwacha [ ]

GAWO B: ZOKHUZA MATENDA A KHUNYU

11. Kodi mwadwala matenda akhunyu Kwa nthawi yaitali bwanji?
Chibadwire chanu [ ]
Pakati pa chaka chimodzi mpaka zisanu [ ]
Pakati pa zaka zisanu ndi khumi [ ]
Zina tchulani ....

12. Nanga mumadziwapo chiyani pa zamatendawa?
Ndimatenda okhudzana ndi ubongo [ ]
Ndimatenda aanthu ovutika/amphawi [ ]
Ndimatenda opatsirana pakati pa anthu achibale [ ]
Amayamba kamba ka mizimu yoipa kapena kuti ziwanda [ ]
Munthu amachita kulozedwa [ ]
Zina tchulani ....

13. Kodi mumamwa mankhwala anji?
Achikuda ndi akuchipatala omwe [ ]
Akuchipatala okha [ ]
Ena tchulani................................

14. Kuchipatala mumalandira mankhwala amtundu wanji?

Phenobarbitone [ ]
Carbamazipine [ ]
Phenytoin [ ]
Ena tchulani ....

15. Kodi mankhwala anuwo(akuchipatala) mumamwa bwanji?
Kamodzi pa tsiku pogona [ ]
Kawiri patsiku m'mawa ndi madzulo [ ]
Mwanthawi [ ]
Pamene mwagwa pokha [ ]
Mwalamulo la ku chipatala [ ]
Zina tchulani. ....

16. Chimachitika ndi chani ngati simukumwa mankhwala anu?
Mumagwa pafupi [ ]
Palibe chomwe chimachitika [ ]
Mutu wanu sugwira bwino ntchito [ ]
Zina tchulani [ ]

17 Kodi mumamwa mowa?
Eya [ ]
Ayi [ ]

18 Mumamwa mowa wanji?
Kachasu [ ]
Masese [ ]
Wamubotolo [ ]
Zina tchulani [ ]

19.Mumamwa motani?
Tsiku ndi tsiku [ ]
Kamodzi pa sabata [ ]
Patalipatali [ ]
Zina tchulani [ ]

20 Kodi munagwapo khunyu pa miyezi iwiri yapitayi?
Eya [ ]
Ayi [ ]

21 Ngati yankho lanu ndi eya munagwa kangati?
Kamodzi [ ]
Kawiri [ ]
Katatu [ ]
Kuposera katatu [ ]

22.Ndi chiyani chomwe chinachitika musanagwe?
Munakangana ndi anzanu [ ]
Munali ndi njala [ ]

Munaona chinthu chozizwitsa [ ]
Munaona kuwala kwambiri [ ]
Zina tchulani. ....

23. Ndi zinthu ziti zomwe mukudziwa kuti zimapangitsa munthu wodwala khunyu kuti agwe?
Mavuto a za chuma [ ]
Kusowa mtendere mu mtima koza chifukwa chodandaula [ ]
Kuyambana ndi anthu [ ]
Kumwa mowa [ ]
Kukhala pa malo a phokoso lambiri [ ]
Zina tchulani. ....

24.Ndi zikhulupiliro zanji zomwe zilipo zokhudzana ndi kugwa makamaka zimene zimapangitsa kuti muthnu wodwala khunyu agwe?
Kupita kumaliro [ ]
Kuona maliro [ ]
Kudya zakudya zophikidwa m'maphwando monga pa sadaka [ ]
Kudya nyama ya nkhumba kapena nsomba ya mlamba [ ]

Zina tchulani ....

25. Kodi ndi ndani yemwe amakusamalirani kanyumba?

Amayi anu [ ]
Bambo anu [ ]
Makolo anu [ ]
Nokha [ ]
Mayankho ena ....

26. Ndimavuto ati omwe inu mumakomana nawo mukamakhala chifukwa cha matendawa?
Kusowa mwayi wa ntchito [ ]
Kusowa chakudya ndi zina [ ]
Kusowa mwayi wa banja [ ]
Mayankho ena [ ]

27. Kodi mumakhala bwanji ndi anthu ku dela lakwanu?
Amakusalani chifukwa cha matendawa [ ]
Amakusekani kuti mumagwa [ ]
Mumakhala nawo monga wina aliyense [ ]
Zina ....

28.Ngati mumasalidwa ,mumasalidwa mu njira yotani?
Kusogolera magulu [ ]
Kupeza munthu wa banja [ ]
Kupanga nawo misonkhano yosiyanasiyana [ ]
Zina tchulani. ....

29. Kodi mumatha kugwila ntchito limodidzi ndi achibale anu kunyumba?
Eya [ ]
Ayi [ ]

30. Ngati yankho lanu ndi eya pa 29 ndi ntchito monga ziti zimene mumagwira nawo limodzi?
Zina ndi zina za pakhoma [ ]
Kulima [ ]
Zina tchulani.................................

31. Kodi muli ndi zikhulupiliro zina zokhuzana ndi matendawa?
Eya [ ]
Ayi [ ]

32. Tchulani zikhulupiliro zomwe zilipozo
kukhala nawo pa mwambo wa maliro [ ]
Kudya zakudya zophikidwa pa maliro [ ]
Kudya zakudya zina monga nsomba ya mlamba [ ]
Kudya pa sadaka [ ]

33. Inuyo painu pokha, kodi mumaona kuti ndi zinthu ziti zimene zimapangitsa munthu wa khunyu Kuti agwe?
Kudandaula kwambiri [ ]
Kusamwa mankhwala mwa ndondomeko yake [ ]
Kuganiza kwambiri pamene munthu ali ndi zovuta zina [ ]
Zina tchulani...............................

34. Mukukhala kwanu ndi matenda amenewa inu mumaona kuti vuto lakugwa pafupi limadza makamaka pa nthawi iti?
Pamene mwakhumudwa [ ]
Pamene simukumwa mankhwala mwandondomeko yake [ ]
Pamene muli ndi njala [ ]
Pamene muli pamalo otentha kwambiri ndipo thupilatentha [ ]
Pamene muyambana ndi anzanu [ ]
Pamene mwamwa mowa [ ]
Pamene mwadzizimutsidwa ndipo muli ndi mantha [ ]
Zina tchulani ....

35.Inuyo painu nokha ndi chiyani chomwe mumachita pofuna kuchepetsa vuto lakugwa pufupi pafupi.
Kumwa mankhwala monga mwalamulo lakuchipatala [ ]
Kulewa kukangana ndi anthu [ ]
Posapita ku maliro [ ]
Kupemphera kwambiri [ ]
Zina tchulani ....

Mafunso athera pomwepa.

Zikomo potengapo mbali!

APPENDIX E

The University of Malawi
Kamuzu College of nursing
P/bag 1
Lilongwe

The coordinator,
Research and publications committee
Kamuzu College of nursing
P/bag 1
Lilongwe.

Dear sir/madam,

REQUEST FOR CLEARANCE TO CONDUCT A RESEARC STUDY ON FACTORS ASSOCIATED WITH THE RECURRENCE OF SEIZURES IN EPILEPTIC PATIENTS AT KAMUZU CENTRAL HOSPITAL.

I am a 4th year student at Kamuzu College of nursing pursuing a bachelor's degree programme in nursing. In partial fulfilment of the degree programme, I am required to carry out a research study. The topic of the study is as underlined above.

I am proposing to conduct the study between august and September.
I am therefore writing to you to ask for your clearance to conduct this study.
Looking forward for your approval

Yours faithfully,

Violet Bandawe.

University of Malawi
KAMUZU COLLEGE OF NURSING

RESEARCH AND PUBLICATIONS COMMITTEE

APPROVAL CERTIFICATE

TITLE: *FACTORS ASSOCIATED WITH THE RECURRENCE OF SEIZURES IN EPILEPTIC PATIENTS AT KAMUZU CENTRAL HOSPITAL*

INVESTIGATORS: VIOLET LOVE BANDAWE

DEPARTMENT/YEAR OF STUDY: *BSc.N*

REVIEW DATE : *JULY 2006*

DECISION OF THE COMMITTEE: *APPROVED*

SIGNATURE: .... **DATE:** 22/07/06
FR **DEAN, POSTGRADUATE STUDIES & RESEARCH**

UNIVERSITY OF MALAWI
KAMUZU COLLEGE
OF NURSING
28 -07- 2006
DEAN'S OFFICE
PRIVATE BAG 1, LILONGWE

cc Supervisor:

DECLARATION OF INVESTIGATOR(S)

I/we fully understand the conditions under which I am/we are authorized to carry out the above mentioned research and I/we guarantee to ensure compliance with these conditions. In case of any departure from the research procedure as approved, I/we will resubmit the proposal to the committee.

DATE...23rd October 2006.SIGNATURE(S)...VBandawe...