ISSN 2008 - 7038 Nigerian Journal of Social Health (NJSH) Vol 3 (1) 122 - 133

Awareness and Attitude of University Students to Seizure Disorder in Nigeria

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Doi: https://doi.org/10.64450/njsh.v3i1.010

ABSTRACT

Seizure disorders are a significant public health concern, affecting millions of people worldwide. Despite their prevalence, seizure disorders remain shrouded in stigma and misinformation, leading to social and economic exclusion of affected individuals. This study aimed to investigate the awareness and attitude towards seizure disorders among university students in Nigeria. This study adopted a cross-sectional design. A quantitative research design was employed, with a questionnaire administered to 356 respondents. The results showed a significant lack of awareness about seizure disorders, with only 14.6% of respondents knowing someone with a seizure disorder. Most respondents (95.5%) were unsure what to do if someone experienced a seizure. However, the majority of respondents (83.2%) believed that education about seizure disorders can reduce stigma. The study also revealed a positive attitude towards seizure disorders, with 69.7% of respondents believing that people with seizure disorders should have the same opportunities as others. This study highlights the need for increased awareness and education about seizure disorders among university students and building on the positive attitude towards seizure disorders to promote inclusivity and equality. Education about seizure disorders should be incorporated into school curricula, raising awareness through campaigns, and promoting inclusivity and equality for individuals with seizure disorders.

Keywords: Attitude; Awareness, Epilepsy, Knowledge, Stigma.

1. INTRODUCTION

Seizure disorder, also known as epilepsy, is a chronic non-communicable neurological condition characterized by recurrent seizures that affect millions of people worldwide with neurological, cognitive, psychological, and social consequences (Sarmast, Abdullahi & Jahan, 2020). Based on the nature of the disease, the International League against epilepsy requires at least two unprovoked seizures occurring greater than 24 hours apart or one unprovoked seizure and the probability of further seizures occurring over the next 10 years, or the presence of an epilepsy syndrome to make a definitive diagnosis of epilepsy (Fisher et al., 2014). The frequency of seizures may vary, and seizures can range from transient attention lapses or muscle jerks to severe and prolonged seizure activity (Tian et. al., 2018).

Seizure disorders affect individuals of all ages, genders, and races (WHO, 2019). They are characterized by repeated involuntary movements of body parts or the whole body, sometimes followed by loss of consciousness (Stafstrom & Carmant, 2015). Epilepsy has an estimated incidence rate of about 49 new diagnoses per year per 100,000 population or 5 million people per year (WHO, 2019). Gururaj, Satishchandra, and Amudhan (2015) reported that about 50 million (about 0.5% of the world's population) live with epilepsy, and 80% of them live in resource-poor countries with little or no access to medical services or treatment, especially in Latin America, Liberia, Tanzania, and Nigeria (Fiest et al., 2017; Nwankwo et al., 2019). The incidence of epilepsy is found to be higher in younger and older age groups (Acharya & Acharya, 2014). However, it is the most common neurological disorder in children and adversely affects their quality of life (Aronu et al., 2021; Fine & Wirrell, 2020). The mortality rate in people affected by epilepsy is 2–4 times higher than that of the rest of the population and 5–10 times higher in children (Minardi et al., 2019).

In Nigeria, the prevalence of epilepsy from community-based studies ranges from 4.5 to 37 per 1,000 with a significant regional variation (Mustapha et al., 2014). The high incidence and prevalence of epilepsy have a significant influence on socioeconomic factors and contribute to an increase in direct economic costs, such as medical expenses for drugs and hospitalisations, and indirect costs, such as from the loss of productive capacity, economic production by unemployment, sick leave, or premature death (Kariuki et al., 2015). It tends to be more prevalent in rural communities and localities with high endemicity of parasitic infections, such as neurocysticercosis and onchocerciasis (Nnebue et al., 2023).

Despite its prevalence, epilepsy remains shrouded in mystery and misconception, leading to stigma and social exclusion of people with the disease. Young adults, including university students, are particularly vulnerable to misconceptions and stigma towards seizure disease due to limited exposure to accurate information. This study examines the awareness and attitude of undergraduate students towards seizure disorder in Nigeria, with a view to understanding the knowledge gaps and misconceptions that perpetuate stigma and discrimination against people with epilepsy. The findings of this study will contribute to the development of targeted interventions aimed at promoting awareness, reducing stigma, and improving the quality of life for individuals with epilepsy in Nigeria.

Research Questions

1. What is the level of awareness of seizure disorder among university students in Nigeria?
2. What are the attitudes of university students towards individuals living with seizure disorder?
3. What misconceptions or stigmatizing beliefs about seizure disorder exist among university students?

Research Objectives

General Objective

- To assess the awareness and attitudes of university students towards seizure disorder in Nigeria.

Specific Objectives

1. To assess the knowledge of university students regarding the causes, symptoms, and management of seizure disorder.
2. To examine the attitudes of university students towards individuals living with seizure disorder.
3. To identify prevailing misconceptions and stigmatizing beliefs about seizure disorder among university students.

2. LITERATURE REVIEW

Seizure disorder, also known as epilepsy, is a significant public health concern, affecting millions of people worldwide. Research has shown that the prevalence and incidence of epilepsy are higher in low- and middle-income countries (Fiest et al., 2016). A systematic review and meta-analysis of 222 studies found that active epilepsy has a prevalence of 6.38 per 1,000 persons, and the prevalence of lifetime epilepsy is 7.60 per 1,000 persons (Fiest et al., 2016). Another study in mainland China found a significant increase in the prevalence of lifetime epilepsy from 1.99 per 1,000 persons to 7.15 per 1,000 persons between 1990 and 2015 (Song et al., 2017).

Epilepsy has historically been shrouded in mystique and misconceptions, with many African societies attributing it to supernatural forces, such as witchcraft, sorcery, and magical powers (Suliman et al., 2025). These misconceptions have contributed to the stigma and discrimination faced by individuals with epilepsy. Traditional remedies, including herbal treatments and rituals, are often sought, and many individuals abandon modern medical care in favor of these alternatives. Unfortunately, these traditional treatments are frequently ineffective and even hazardous. Research has shown that the public has poor knowledge of epilepsy, with many studies conducted worldwide finding a low level of knowledge about the condition (WHO, 2019; Bain et al., 2013). A study in Turkey found that 69.1% of participants had no knowledge of the cause of epilepsy, and their main source of epilepsy knowledge was from peers and the internet (Macit et al., 2018). Another study in Austria found that high school students had limited knowledge of epilepsy and its first aid management (Simon et al., 2016).

The lack of knowledge and misconceptions about epilepsy contribute to negative attitudes towards the condition. A study in Egypt and Saudi Arabia found that negative attitudes towards epilepsy were significantly related to misunderstanding and cultural beliefs (Abo El-Matty Shahbo et al., 2014). Another study in Turkey found that people had a negative attitude towards epilepsy, with 63.2% of respondents expressing negative views on marriage and epilepsy (Kartal & Akyıldız, 2016). Epilepsy is a stigmatizing condition associated with increased psychological morbidity, including anxiety, depression, and low self-esteem (Mohammadi et al., 2006; Shafiq et al., 2007). People with epilepsy often experience social withdrawal and isolation due to fear of negative reactions from others (Baker et al., 2000). Research has consistently shown that epilepsy is perceived as a stigmatizing condition in both developed and developing countries (Aziz et al., 1997; Shafiq et al., 2007).

3. METHODS

This study employed a cross-sectional quantitative research design and used a questionnaire to collect data from 356 respondents. The questionnaire consisted of three sections: socio-economic characteristics, awareness of seizure disorder, and attitudes toward seizure disorder. A questionnaire was designed and used to collect data for the study. The questionnaire was designed in sections, including socio-economic characteristics, awareness of seizure disorder, and attitudes towards seizure disorder. 356 respondents were selected using multistage sampling. The data were analyzed using the Statistical Package for the Social Sciences (SPSS) and presented using descriptive statistics, including tables and percentages.

4. FINDINGS

Socio-Economic Characteristics of Respondents

Table 1: Distribution of Respondents by Socio-Economic Characteristics (N=356)

SN	Socio-Economic Characteristics	Variables	Frequency (N= 356)	Percentage (%)
1.	Sex	Male Female	256 100	71.9 28.1
2.	Age (at last birthday)	15-18 19-22 Above 22years	72 68 216	20.2 19.1 60.7
3.1	Religion	Christianity Islam	332 24	93.3 6.7
4.	Marital status	Single Married	332 24	93.3 6.7
5.	Family size	3-4 5-6 More than 6	40 68 248	11.2 19.1 69.7
6.	University programme	Undergraduate Masters degree PhD	340 12 4	95.5 3.4 1.1

7.	Level of study	100 200 300 400 500	32 84 80 44 116	9.0 23.6 22.4 12.4 32.6

Source: Field Survey, 2024

Table 1 presents the socio-demographic characteristics of the respondents, with the majority being male (71.9%), aged 22 years or older (60.7%), Christian (93.3%), single (93.3%), and undergraduate (95.5%). .

Awareness about Seizure Disorder

Table 2: Percentage Distribution of Respondents by the Awareness about Seizure Disorder (N=356)

Sn	Items	Yes f	Yes %	No f	No %	Total f	Total %
1.	I have heard of seizure disorders before.	316	88.8	40	11.2	356	100.0
2.	I know someone who has a seizure disorder.	52	14.6	304	85.4	356	100.0
3.	I am familiar with the different types of seizures.	16	4.5	340	95.5	356	100.0
4.	I have witnessed someone having a seizure.	88	24.7	268	75.3	356	100.0
5.	I know what to do if someone has a seizure.	16	4.5	340	95.5	356	100.0
6.	I know seizure disorder is hereditary.	64	18.0	292	82.0	356	100.0
7.	I know that seizure.	48	13.5	308	86.5	356	100.0

8.	Seizure disorder is a communicable disease.	88	24.7	268	75.3	356	100.0
9.	I believe that seizures can occur in people of all ages.	40	11.2	316	88.8	356	100.0
10.	I am aware of the treatments available for seizure disorders.	40	11.2	316	88.8	356	100.0
11.	Seizure disorder is commonly misunderstood.	304	85.4	52	14.6	356	100.0
12.	I am aware of the potential triggers for seizures.	32	9.0	324	91.0	356	100.0
13.	Individuals with seizure disorders live a normal life.	272	76.4	84	23.6	356	100.0
14.	I know about ‘Purple Day.’	12	3.4	344	96.6	356	100.0
15.	Seizure disorders are well represented in the media.	24	6.7	332	93.3	356	100.0
16.	I believe that public knowledge about seizure disorders is increasing.	12	3.4	344	96.6	356	100.0
17.	I have never discussed seizure disorders with friends or family.	64	18.0	292	82.0	356	100.0
18.	I think that more information about seizure disorders should be made available to the public.	356	100.0	-	-	356	100.0
19.	I am aware of local resources for individuals with seizure disorders.	144	40.4	212	59.6	356	100.0

20.	I feel that schools should provide education on seizure disorders.	356	100.0	-	-	356	100.0

The results indicated that a significant majority of the respondents had heard of seizure disorders before (88.8%), but only a few knew someone who had a seizure disorder (14.6%) or were familiar with the different types of seizures (4.5%). The findings also revealed that most respondents (95.5%) were unsure what to do if someone experienced a seizure (see Table 2).

Attitude towards Seizure Disorder

Table 3: Percentage Distribution of Respondents by Attitude towards Seizure Disorder (N=356)

Sn	Items	A f	A %	N f	N %	DA f	DA %
1.	I believe that individuals with seizure disorders are often treated unfairly.	244	68.5	32	9.0	80	22.5
2.	I feel that people with seizure disorders should have the same opportunities as others.	248	69.7	40	11.2	68	19.1
3.	I think that society is generally supportive of individuals with seizure disorders.	76	21.3	64	18.0	216	60.7
4.	I believe that people with seizure disorders can be successful in their careers.	248	69.7	32	9.0	76	21.3
5.	I think that education about seizure disorders can reduce stigma.	296	83.2	40	11.2	20	5.6

6.	I feel uncomfortable around people who have seizure disorders.	168	47.2	44	12.4	144	40.4
7.	I believe that awareness campaigns have positively impacted public attitudes toward seizure disorders.	224	62.9	56	15.7	76	21.4
8.	I think that individuals with seizure disorders are often judged harshly.	256	71.9	56	15.7	44	12.4
9.	I feel confident in my ability to support someone with a seizure disorder.	212	59.5	64	18.0	80	22.5
10.	I believe that misunderstandings about seizure disorders can lead to discrimination.	272	76.4	40	11.2	44	12.4
11.	I think that individuals with seizure disorders deserve greater public understanding.	292	82.0	64	18.0	-	-
12.	I feel that the media portrays seizure disorders accurately.	192	53.9	76	21.3	88	24.7
13.	I believe that individuals with seizure disorders can lead fulfilling lives.	248	69.7	56	15.7	52	14.6
14.	I think that schools should teach students about seizure disorders.	304	85.4	52	14.6	-	-

15.	I feel that I would know how to react appropriately if someone had a seizure.	212	59.6	72	20.2	72	20.2
16.	I believe that the fear of seizures often prevents people from interacting with those affected.	304	85.5	52	14.6	-	-
17.	I think that individuals with seizure disorders are often excluded from social activities.	256	71.9	40	11.2	60	16.9
18.	I believe that public attitudes toward seizure disorders are improving.	220	61.8	32	9.0	104	29.2
19.	I feel that friends and family of individuals with seizure disorders are well-informed.	296	83.2	40	11.2	20	5.6
20.	I think that more dialogue about seizure disorders would benefit society.	320	89.9	36	10.1	-	-

The results showed that the majority of the respondents believed that individuals with seizure disorders are often treated unfairly (68.5%) and that people with seizure disorders should have the same opportunities as others (69.7%). The findings also revealed that most respondents believed that education about seizure disorders can reduce stigma (83.2%) and that schools should teach students about seizure disorders (85.4%) (see Table 3).

5. DISCUSSION

The findings of this study indicate that there is a need to raise awareness about seizure disorders among the general public. The results showed that despite the majority of the respondents having heard of seizure disorders before, only a few knew someone who had a seizure disorder or were familiar with the different types of seizures. This lack of awareness may contribute to the stigma and discrimination faced by individuals with seizure disorders. The findings also revealed that the majority of the respondents believed that individuals with seizure disorders are often treated unfairly, and that people with seizure disorders should have the same opportunities as others. This suggests that there is a need to promote inclusivity and equality for individuals with seizure disorders.

6. CONCLUSION

This study aimed to investigate the awareness and attitude towards seizure disorders among university students. The findings revealed a lack of awareness about seizure disorders, despite the majority of the respondents having heard of seizure disorders before. The results also showed that the majority of the respondents believed that individuals with seizure disorders are often treated unfairly, and that people with seizure disorders should have the same opportunities as others.

7. RECOMMENDATIONS

Based on the findings of this study, the following recommendations are made:

i. Raise awareness about seizure disorders among the general public through education and awareness campaigns.
ii. Promote inclusivity and equality for individuals with seizure disorders.
iii. Incorporate education about seizure disorders into school curricula.
iv. Provide support and resources for individuals with seizure disorders and their families.

REFERENCES

Abo El Matty Shahbo, G., Bharathi, B. & Daoala, A., (2014). A comparative study on knowledge, attitudes and believes of epilepsy among communities of Egypt and Kingdom of Saudi Arabia. *Nursing and Health Science, 3*(5), 97- 107.

Acharya, J. & Acharya, V., (2014). Epilepsy in the elderly: Special considerations and challenges. *Annals of Indian Academy of Neurology, 17*(5), 18.

Aronu, A., Uwaezuoke, N., Chinawa, J., Bisi-Onyemaechi, A., & Ojinnaka, N. (2021). Health-related quality of life in children and adolescents with epilepsy in Enugu: Need for targeted intervention. *Nigerian Journal of Clinical Practice, 24*(4): 517-524

Aziz, H., Akhtar S. W, Hasan K. Z. (1997). Epilepsy in Pakistan: stigma and psychosocial problems – a population-based epidemiologic study. *Epilepsia, 38*(10):1069–1073.

Bain, L. E, Awah, P. K, Takougang, I., Sigal, Y., & Ajime, T. T. (2013). Public awareness, knowledge and practice relating to epilepsy amongst adult residents in rural Cameroon--case study of the Fundong health district. *Pan Afr Med J. 14*: 32.

Fiest, K. M., Sauro, K. M., Wiebe, S., Patten, S. B., Kwon, C. S., Dykeman, J., Pringsheim, T., Lorenzetti, D. L. & Jetté, N. (2017). Prevalence and incidence of epilepsy: A systematic review and meta-analysis of international studies. *Neurology, 88*(3), 296-303.

Fiest, K., Sauro, K., Wiebe, S., Patten, S., Kwon, C., Dykeman, J., Pringsheim, T., Lorenzetti, D. & Jetté, N., (2016). Prevalence and incidence of epilepsy. *Neurology, 88*(3), 296-303.

Fine, A., & Wirrell, E. C. (2020). Seizures in children. *Pediatrics in Review, 41*(7): 321-347.

Fisher, R. S, Acevedo, C., Arzimanoglou, A., Bogacz, A., Cross, J. H, Elger, C. E, et al. (2014). ILAE official report: A practical clinical definition of epilepsy. *Epilepsia, 55*(4): 475-482.

Gururaj, G., Satishchandra, P. & Amudhan, S., (2015). Epilepsy in India I: Epidemiology and public health. *Annals of Indian Academy of Neurology, 18*(3), 263.

Kariuki, S. M., Chengo, E., Ibinda, F., Odhiambo, R., Etyang, A., Ngugi, A. K. & Newton, C. R. (2015). Burden, causes, and outcomes of people with epilepsy admitted to a rural hospital in Kenya. *Epilepsia, 56*(4), 577-584.

Kartal, A. & Akyıldız, A., (2016). Public awareness, knowledge, and practice relating to epilepsy among adults in Konya. *Epilepsy & Behavior, 59*, 137- 141.

Macit, C., Clark, P. M, Taner, N., Bingol, C., Mercanoglu, G., & Yuksel, G. (2018). A survey on awareness, knowledge, and attitudes toward epilepsy in an urban community in Turkey. *Niger J Clin Pract., 21*(8): 979–987. doi:10.4103/njcp.njcp_199_17

Minardi, C., Minacapelli, R., Valastro, P., Vasile, F., Pitino, S., Pavone, P., et. al. (2019). Epilepsy in children: From diagnosis to treatment with focus on emergency. *Journal of Clinical Medicine, 8*(1):39. DOI: 103390/jcm8010039.

Mohammad Reza Mohammadi, Ahmad Ghanizadeh, Haratoun Davidian, Mohammad Mohammadi, Maryam Norouzian (2006), Prevalence of epilepsy and co-morbidity of psychiatric disorders in Iran. *Seizure, 15*(7): 476-82.doi: 10.1016/j.seizure.2006.05.011. Epub 2006 Aug 23.

Mustapha, A. F, Preux, P. M, Sanya, E. O., & Akinleye, C. A. (2014). The prevalence and subjective handicap of epilepsy in Ilie, a rural riverine community in South-west Nigeria: a door-to-door survey. *Epilepsy Behav. 37*:258-264.

Nnebue, C. O., Nwazor, E. O., Nwani, P. O., Ifezulumba, C. O., Ewa, E. O., Iwere, F. E. & Onyebuchi, N. L. (2023). Knowledge, Beliefs and Misconceptions about Epilepsy and its Treatment in a Rural Community in South-Eastern Nigeria. *Orient J Med, Vol. 35*, No. 1-2, 2023.

Nwankwo, M. J., Okoye, E. C., Ifezua, A. G., Ucheolu, N. I., Egwuonwu, V. A., & Okonkwo, U. P. (2019). Knowledge and Attitude of Health Science Students Towards Epilepsy in a Nigerian University. *Afr. J. Biomed. Res. Vol. 22* (May, 2019); 151- 156.

Sarmast, S. T, Abdullahi, A. M, & Jahan, N. (2020). Current Classification of Seizures and Epilepsies: Scope, Limitations and Recommendations for Future Action. *Cureus; 12*(9): 1-17. DOI: 10.7759/ cureus.10549

Shafiq, M., Tanwir, M., Tariq, A., Kasi, P.M, Zafar, M., Saleem, A., Rehman, R., Zaidi, S.Z, Taj, F., Khuwaja, A.A, Shaikh, K.S, Khuwaja, A.K. (2007). Epilepsy: public knowledge and attitude in a slum area of Karachi, Pakistan. *Seizure, 16*(4):330–337.

Simon, U., Gesslbauer, L. & Fink, A., (2016). A three-lesson teaching unit significantly increases high school students' knowledge about epilepsy and positively influences their attitude towards this disease. *PLOS ONE, [e-journal] 11*(2), p.e0150014. Available at: [Accessed 23 November 2019].11(2).

Song, P., Liu, Y., Yu, X., Wu, J., Poon, A., Demaio, A., Wang, W., Rudan, I. & Chan, K., (2017). Prevalence of epilepsy in China between 1990 and 2015: A systematic review and meta-analysis. *Journal of Global Health, 7*(2).

Stafstrom, C. & Carmant, L., (2015). Seizures and Epilepsy: An Overview for Neuroscientists. *Cold Spring Harbor Perspectives in Medicine, 5*(6), pp.a022426-a022426.

Suliman, O., Almuwallad, N., Aljawi, A., Alnuwbi, A., Altuwaylie, R., Bulayl, L., Alhusayni, J., & Alanazi, N. (2025). Epilepsy-Related Misconceptions, Cultural Beliefs, and Their Impact on Health Outcomes: A Systematic Review. Cureus, 17(9), e91498. https://doi.org/10.7759/cureus.91498

Tian, N., Boring, M., Kobau, R., Zack, M. & Croft, J., (2018). Active epilepsy and seizure control in adults — United States, 2013 and 2015. *MMWR. Morbidity and Mortality Weekly Report, 67*(15), pp.437-442.

WHO (2019). Epilepsy. [online] Available at: [Accessed 23 November 2019].

World Health Organization (WHO, 2019). *Epilepsy*. Retrieved from (link unavailable)