

Causes of Epilepsy's Persistence

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Abstract

In addition, the district officer has asked the government through the ministry of health to find other solutions for the prevention and treatment of the epilepsy, so there is a need to determine the causes of the persistence of epilepsy in Mahenge. The Mahenge district is the leading area on the prevalence of epilepsy, and the rate keeps rising. It is estimated that the rate will reach 6.4 in three consecutive years (from 2014 to 2016). 200 participants were used as a sample for a cross-sectional study. Data were gathered by using questionnaires, many of which had open-ended questions. Data were gathered, descriptively examined, and associations were determined using cross tabulation and chi-square. Epilepsy has persisted largely due to societal attitudes around illness and a lack of knowledge regarding the best treatment methods to use. As a result, the members of the impacted community experience social discrimination, which includes school dropouts, are being denied opportunities for social engagement, particularly in decision-making, and a difficulty with unemployment.

Keywords: Epilepsy • Neurological disorder • Mahenge

Introduction

The neurological condition known as epilepsy is characterised by epileptic seizures, in which brain groupings of nerve cells or neurons occasionally signal incorrectly, resulting in odd sensations, emotions, and behaviours, or occasionally convulsions, muscle spasms, and loss of consciousness.

Epilepsy is acknowledged by WHO and its partners as a significant public health issue. Having started in 1997, the World Health Organization (WHO). The "Out of the Shadows" global campaign, run by the International League Against Epilepsy (ILAE) and International Bureau for Epilepsy (IBE), aims to better enlighten people about epilepsy, increase public and private efforts to enhance care, and lessen the disorder's effects.

According to estimates, there are fifty million epileptics worldwide, of which eighty percent (80%) live in poor nations like Tanzania, particularly Morogoro's Mahenge district and Ruvuma districts. The Wapogoro people of Tanzania's interior's Mahenge Mountains experienced epilepsy, or "kifafa" in Swahili [1-3]. According to the District Commissioner (D.C.) in 2013, there were 1310 sick people in 2011-2012, and the number continued to rise with an additional forty-four (44) people in 2012-2013 (1354 affected individuals). It was predicted that the number would rise by 6.4 percent in the following two to three years, or 2014-2015 [4]. The Tanzanian government established "Epilepsy Day," which is celebrated annually.

Description

The study was carried out in the Mahenge District, one of the six districts that make up the Morogoro Region of Tanzania. The other districts are Kilombero, Mvomero, Kilosa, Urban Morogoro, and Rural Morogoro. Epilepsy is more prevalent than average in this region [5]. It has a total area of 24,460

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square kilometres (9,444 square miles), 4,927 of which (1,902 square miles) are forest reserves. The Kilombero District, the Lindi Region, the Ruvuma Region, and the north and west of the Ulanga District are all its neighbours. According to the National Bureau of Statistics of Tanzania, specifically the National Census of 2012, the area has a population of 265,203 people. Additionally, the location is 886 metres above sea level.

The method used involved a multistage sampling stage in which a sample frame of the Mahenge district's 21 wards was created, and 5 wards were randomly chosen. The entire sample size, or total population study, was roughly 200, but due to relevant issues encountered during sampling, the actual sample size employed was 187. In each ward, there were 2 streets that each had more than 15 population residents.

Additionally, a probability proportional to size analysis was used to pick three interesting villages from each of the chosen wards. In order to establish the total population, a list of every landing site in the hamlet was acquired together with information on its population of residents. To choose the sampling interval, the total population and the number of wards/villages were calculated. Following that, a random number was obtained, and the cluster with this chosen random number was chosen as the first cluster. The next cluster was chosen by multiplying the random number by the sampling interval. Until all 5 wards/villages were determined, along with their sampling distribution to each cluster, the same approach was followed repeatedly.

Conclusion

The concept of epilepsy is still controversial because there are various misconceptions about it around the world. For example, people in Uganda believe that it is a contagious disorder, while people in China refer to it as a genetic disorder in which genes transfer infectious from parents to children, while people in Indonesia believe that epilepsy is a punishment from evil forces, and people in the Mahenge study community claim that epilepsy is either caused by urinating while fainting. In the study, it was found that there is only one doctor and one nurse responsible for the management of epilepsy based on its prevention interventions as well as treatment. A sizable number of study community (52 total study community) declared that this is the major contributing factor to the persistence of the epilepsy. Less health facilities and health care expertise, such as doctors and nurses, have also contributed to the persistence of the epilepsy.

Conflict of Interest

None.

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