

PERCEIVED FACTORS AFFECTING THE MANAGEMENT OF EPILEPTIC ATTACKS AMONG LEARNERS IN A SELECTED SCHOOL IN LIVINGSTONE – ZAMBIA

FATORES PERCEBIDOS QUE AFETAM A GESTÃO DE ATAQUES EPILÉTICOS ENTRE ALUNOS DE UMA ESCOLA SELECIONADA EM LIVINGSTONE – ZÂMBIA

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Abstract: This was a qualitative study of learners with epilepsy. This study investigated the management practices involving learners with epilepsy in one selected school. The objectives of the study were to examine the existing practices in the management of epilepsy among learners in one selected regular school and to establish the challenges teachers face in the management of epilepsy in school. A qualitative case study design was used. The sample comprised 32 participants; 7 teachers, 5 parents, 5 learners with epilepsy and 15 learners without epilepsy. Data were collected through interviews and focus group discussions. Participants were selected through use of purposive sampling technique. Analysis of data was done thematically. The study revealed that the most common management practice used by most participants was making sure that learners with epilepsy adhered to medication prescribed by doctors; and making sure that learners with epilepsy are placed in a safe positions during seizure attacks. Among other findings, parents felt they were not fully educated on how to manage the children when under attack. Further, beliefs and myths about epilepsy still had a toll on the provision of services to learners with epilepsy. The study recommends that there should be a deliberate policy to orient and train stakeholders on the management of learners with epilepsy in schools and local communities. Efforts should be made to provide basic materials and equipment to use in the management of epileptic conditions in study schools. Schools, nearby clinics and hospitals build collaboration on the management of learners with epilepsy in institutions of learning.

Keywords: Epilepsy. Seizures. Management practices. Learners with epilepsy.

Resumo: Este foi um estudo qualitativo de alunos com epilepsia. Este estudo investigou as práticas de administração envolvendo alunos com epilepsia em uma escola selecionada. Os objetivos do estudo eram examinar as práticas existentes na administração da epilepsia entre os alunos de uma escola regular selecionada e estabelecer os desafios que os professores enfrentam na administração da epilepsia na escola.

¹ Delphine Mweemba : Conceptualisation of the study, data collection, analysis and writing.

Joseph Mandyata : Since this paper is a product of a masters' dissertation, the second author provided guidance throughout the process from proposal development to dissertation writing.

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Foi utilizado um projeto de estudo de caso qualitativo. A amostra compreendia 32 participantes; 7 professores, 5 pais, 5 alunos com epilepsia e 15 alunos sem epilepsia. Os dados foram coletados através de entrevistas e discussões em grupos de foco. Os participantes foram selecionados através do uso de uma técnica de amostragem proposital. A análise dos dados foi feita tematicamente. O estudo revelou que a prática mais comum de administração usada pela maioria dos participantes era certificar-se de que os alunos com epilepsia aderissem à medicação prescrita por médicos; e certificar-se de que os alunos com epilepsia fossem colocados em posições seguras durante ataques de convulsões. Entre outras descobertas, os pais sentiram que não estavam totalmente instruídos sobre como administrar as crianças quando sob ataque. Além disso, as crenças e mitos sobre epilepsia ainda tinham um custo na prestação de serviços aos alunos com epilepsia. O estudo recomenda que deve haver uma política deliberada para orientar e treinar os interessados no gerenciamento de alunos com epilepsia nas escolas e comunidades locais. Devem ser feitos esforços para fornecer materiais e equipamentos básicos a serem usados no gerenciamento das condições epiléticas nas escolas de estudo. Escolas, clínicas e hospitais próximos constroem colaboração no gerenciamento de alunos com epilepsia em instituições de ensino.

Palavras-chave: Epilepsia. Apreensões. Práticas de gestão. Alunos com epilepsia.

INTRODUCTION

Epilepsy is a chronic neurological condition in children and adults characterized by recurrent and unprovoked seizures. These are temporary neurological abnormalities that result from unregulated electrical discharges in the brain (Muzata, 2021). Seizures temporarily disturb the normal or life activities including learning. The disturbance varies in duration and much depends on the nature of the seizures. Forty million people with epilepsy worldwide, 80% reside in low-income regions with less technological resources and support. In developed countries, annual incidence is between 40 and 70 per 100 000 people in the general population. The prevalence of epilepsy in Africa is estimated to be around 11.29 per 1000 population (Global Campaign against Epilepsy, 2005).

In Zambia, epilepsy continues to be one of the most common non-communicable diseases although the exact prevalence is unknown. Epilepsy Association of Zambia (EAZ) by 2001 had a register of more than 500 persons with epilepsy in Lusaka, majority whom were children below the age of 15 years (WHO, 2005). Birbeck et al, (2004) estimates 14 /1000 people in rural Zambia are epileptic. She reports that 26 /1000 are children aged 5-15 years while 15 /1000 are adults aged 65 years and above. We are aware of myths, beliefs and negative attitudes that come with epilepsy especially in Zambian society hence figure given may be an under estimation. Chomba et al (2005) highlighted a strong belief by many Zambians that once a person with epilepsy sustains burns, its untreatable and difficult to manage hence fear to interact with

epileptic people. Churches and denominations see people with epilepsy as possession of demons. The convulsions associated with grand mal seizures are mistaken for evil spirit possession making management of epileptic people difficult by Jilek-Aall (1999). It is against this background that the study was conducted in order to explore the practices schools were using to manage learners with epileptic condition in Livingstone, Zambia.

Epilepsy is a condition characterised by repeated seizures or fits due to a disorder of the brain cells. This disorder of the central nervous system is usually characterised by loss of consciousness with or without convulsions.

It is important to note that seizures and epilepsy are not synonymous. An epileptic seizure is a temporary occurrence of signs and symptoms due to abnormal excessive or synchronous neuronal activity in the brain. Epilepsy is a disorder characterized by a long-term predisposition to generate epileptic seizures and by the neurobiological, cognitive, psychological and social manifestations of this condition. That is, a seizure is a singular event and epilepsy is the condition involving recurring, unprovoked seizures (Epilepsy Foundation, 2014).

Everyone is vulnerable to epilepsy regardless of social status, ethnicity, physical appearance, race, religious inclination, gender or age. Seizures are unpredictable and usually spontaneous in nature (Muzata, 2021). They can occur anywhere at any time, sometimes accompanied by some bizarre behaviours such as screaming, passing urine or stool (Birbeck, 2000); and sometimes can occur several times within a day (WHO, 2007). The variation in seizure patterns calls for variations in care patterns depending on whether the victim is found at any point in time. For teachers, knowledge of how to manage seizures when a learner is attacked in a classroom is a crucial undertaking (Muzata, 2021). Teachers ought to be aware of the signs so that immediate interventions are provided to abate severe injuries during attack.

So far statistics about people with epilepsy worldwide raise some concern. There are approximately 50 million people living with the condition which, according to Mbewe et al (2004), is viewed as one of the highly stigmatized conditions. Stigmatisation, like stereotyping disability or any illness degrades one's morale to participate in education (Muzata, 2019).

Epilepsy is one of the chronic conditions that can have some significant impact on both the victim and the entire family as well as negatively affecting one's educational progress. This is as a result of continued hospitalization, long-time treatment (which in some cases is life-long) and other complications which are associated with the condition. Naturally, every parent desires to

have a child with full of potential in life but in most cases the ideal child image is eroded the very moment the child is diagnosed with epilepsy. To some parents that would sound like the child has been condemned to death knowing very well that the condition has no cure. This feeling is likely to occupy every parent's mind because traditionally epilepsy is not only known to have no cure, but also that it is contagious. In an effort to find cure for epilepsy, people engage in all sorts of activities such as offering sacrifices, prayers and consulting traditional healers while the ultimate goal is to find treatment for the problem (Dekker, 1998).

Epilepsy, like other developmental disorders, has been found to negatively affect academic performance. This fact is supported by studies that used survey data to estimate educational attainment (Holdsworth and Whitmore, 1974). Educational implications in individuals with epilepsy vary depending on the severity of the condition. Generally individuals with epilepsy are significantly at risk of having a learning disability. It is however, important to note that most children with epilepsy are of normal intelligence. In the majority, the intellectual ability does not deteriorate while in a small proportion the intellectual ability deteriorates. The areas that are likely to be affected include memory (Baddeley Ellis 2002). Some individuals may have a comorbid condition of mental retardation which may result from recurrent seizures. Other accompanying conditions may include ADHD which may result from a lesion to the frontal lobes (Gouws&Mfazwe, 1988). What contributes to intellectual deterioration may include the early age of onset, frequent seizures, prolonged seizures and minimal brain damage.

In the past learners with special educational needs, including those with epilepsy, have been denied appropriate education services in mainstream schools (Ashman & Elkins, 1994:23). This population of learners would be placed in special schools or special classes, where a teacher would follow a special curriculum with them (Babane, 2002). Many times this population of learners would find themselves in special classes for the rest of their school career. While such schools often offer highly qualified teachers and specialised programmes, children tend to become segregated from their neighbourhood, peers and the opportunity to interact and participate within mainstream society.

Therefore it is important for teachers to be encouraged to cater for the diverse needs of all learners, including those with epilepsy. This cannot realistically be met by educators only, but requires the understanding, commitment and co-operation of all people involved with the learner, including parents and medical practitioners (Babane, 2002). A system of open

communication and collaboration among parents, educators and medical practitioners is a requisite for supporting the learner with epilepsy, and having good management practices. Such a system would improve service delivery for learners who have epilepsy and exchanges of information and observations about the learners' progress will be beneficial. Parents could play an active role at the start if they understand more about the process of diagnosis and develop a better understanding of the condition and the complexity of seizure control (Dreisbach, Ballard, Russo and Schain, 1982).

It is vital for the teachers and the parents to collaborate in achieving the needs of the learner with epilepsy. The need for involvement and collaboration with all stakeholders in the management of learners with epileptic conditions helps to bring to the fore the need for contributions from all stakeholders on how to effectively manage the condition (Muzata, 2018). In developing this collaboration, the teacher needs to understand that the learner with epilepsy is a cause of stress for the entire family. It is very important for parents to inform their child's teachers and principal and other school officials about their child's condition. This is to help ensure that teachers and fellow learners are prepared to deal with seizure should one occur.

A teacher's attitude towards learners with epilepsy influences not only the child's self-perception but also the attitude of his or her peers (Frieman&Settel, 1994). Parents should encourage teachers to discuss any of their concerns regarding their child's disorder. Parents will want to provide the school with specific information about their child, such as the type of seizures, a description of the seizures, warning signs and many other things that can help the parents. Parents must motivate and encourage their child to complete homework and engage in extra-curricular activities. It is especially important for parents to speak to the child's physical education teacher and express any limitations they feel their child may have. Safety is always a priority, but all children must have some involvement in physical education for normal development.

It is very important for teachers to recognize seizures and know the proper first aid treatment for any child who experiences a seizure. The manner in which seizures are managed should be consistent at home and school. Teachers contact parents for information as well and keep parents informed about their child's condition. When teachers and the school are prepared to deal with seizures, classroom disruption will be minimal and less attention will be brought onto the child with epilepsy. Teachers have to collaborate with the family by showing acceptance

and understanding (Babane 2002; Krajicck et al. 1997). Adherence plays a pivotal role in the way epilepsy is managed because failure to do this can result in serious consequences which will be too difficult to contemplate. However, due to ignorance on the availability of AEDs and strong supernatural cultural beliefs regarding epilepsy, many patients fail to seek medical help from health centres for fear of being stigmatized and discriminated against.

People with epilepsy can benefit from learning skills and techniques that help them better manage their disorder and its effects on daily life. Epilepsy management involves treatment management such as taking medicines as prescribed, keeping medical appointments and communicating effectively with health care providers. It also involves seizure management such as recognizing and avoiding seizure triggers and keeping track of when seizures happen. Furthermore, it involves lifestyle management such as getting adequate sleep and reducing stress (Tian, Boring, Kobau, Zack and Croft 2013).

The benefits of managing epilepsy in learners are that there is a decrease in the occurrence and number of seizures. The other benefit is the ability to lower or decrease the number of seizure medications a learner has to take. Learners are less likely to experience symptoms related to anxiety and depression. Lower risk of seizure emergencies especially related injuries and death (Elain, 2018).

The Zambian education system has embraced the inclusive education policy. Learners with epileptic conditions are ordinarily included within the mainstream school system. However, the many studies that have been conducted on inclusive education do not show how seizures among learners with epileptic conditions are managed. For instance, studies that have been done on inclusive education are: Kalabula's history of special education; Integration of visually impaired learners in mainstream secondary schools; is inclusive education real or a myth in Zambia? (1989; 1991; 2005), while Mandyata (2002; 2015), focused on views of teachers on inclusive education, perceptions of parents and teachers in schools and community partnerships in inclusive education in Zambia. Katwishi's (1995) study, was on early intervention for children with special needs, while Kasonde-Ng'andu (1986), focused on the aspects of the upbringing and education of children with disabilities in a Bemba culture.

However, all these studies on inclusive schooling are silent on issues pertaining to the management practices and challenges associated with learners with epilepsy in the regular

schools. It is against this background that this study was conducted in order to explore the practices schools and homes were using to manage learners with epilepsy in Livingstone, Zambia.

Statement of a problem

Epilepsy appears to be ignored in many studies regarding special education provision in Zambia, yet it is a health impairment (Muzata , 2021); or rather a special education need that the education system needs to consider to provide health related services and educational interventions for learners with the condition to learn effectively and participate in education. There is scarcity of literature on teachers' management practices of epilepsy attacks in classroom situation. At one primary school in Livingstone, a number of learners with epilepsy were noticed, but it wasn't known whether teachers possessed knowledge and skills in managing epileptic attacks of the affected learners. This knowledge gap ignited this study with a question; 'How do schools manage epilepsy attacks on learners attending primary education in Zambia? The study, therefore, sought to investigate practices schools were using to manage learners with epilepsy at one selected school in Livingstone - Zambia's tourist capital in Southern Province. Two key questions guided this study as follows:

1. What practices have been associated with management of epilepsy in the study schools?
2. What challenges do teachers face in managing epilepsy in school?

By answering the above questions, it was hoped that the study would broaden understanding on how learners with epilepsy should be managed in schools. The generated knowledge on management of Epilepsy is aimed at helping educators work towards more innovative approaches in managing learners with epilepsy so as to realise their inclusion.

METHODOLOGY

The study used a case study design in its approach. Keeves (1997) says, the term case study is a generic term for the investigation of an individual, group or phenomenon and highlights that while the techniques used in investigation may be varied and may include qualitative. The distinguishing feature of the case study is the belief that human systems develop a characteristic wholeness or integrity and not simply a loose collection of traits. This study is qualitative. Jones and Bartlett Learning (2017), explain that qualitative research is a systematic, subjective approach

used to describe the life experiences and give them meaning. Qualitative study means that the kind of information collected is not numerical but words that express feelings, perceptions and attitudes of the participants. This study was conducted in selected primary schools of Livingstone district of Zambia.

The study sampled 7 teachers, 5 learners with epilepsy, 5 parents and 15 learners without epilepsy. The rationale for selecting these was that the researcher believed that parents and teachers had sufficient knowledge and experiences in the management of epileptic conditions among learners in regular schools to support the study. The learners without epilepsy are stakeholders in helping to manage the condition in inclusive classrooms. Their involvement is critical for inclusion and effective management of epilepsy since may not always be available especially during play.

The sampling procedure used was purposive knowing that the participants had the desired information. According to Fraenkel and Wallen (2003), qualitative researchers are likely to choose purposive sampling to yield the best understanding of whatever they wish to study. Purposive sampling is known to be very useful in qualitative research because of the detailed descriptions of data it brings from the field. Purposive critical stage sampling was used to identify the participants. Participants were interviewed in their natural settings through face to face interviews and focus group discussions. The researcher used an interview guide to collect data from teachers, physiotherapists, occupational therapists, parents and epileptic learners themselves. A focus group discussion guide was used for selected non epileptic learners to collect in depth data on their role in helping to manage epilepsy in a classroom situation. A focused group discussion guide was chosen to address specific topical issues such as opinions, attitudes, feelings and perceptions about epilepsy.

Qualitative studies must ensure trustworthiness to enhance credibility of the study. Trustworthiness was ensured by conducting a pilot study and member checking for feedback and confirmation of the findings by the participants. Their views were incorporated in the report. According to Williamson, Radford & Bennetts (2003), trustworthiness requires that the argument is complete, allowing the reader (or reflective designer) to follow and understand it without unexplained leaps from argument to conclusion. In qualitative research, generalizability is not the aim, what is important is to enhance the trustworthiness (Mashele, 2003). The

collection of data from various categories of participants further enhanced dependability of the data that was collected.

Data analysis was done in themes. Thus, similar aspects of the data from different participants were grouped together while noting the differences as well. Codes were used to identify participants in the presentation of verbatim excerpts. Upholding ethics is a serious requirement in any research. First, the researcher explained the nature of study and its significance. At the time of conducting the interviews participants were assured of confidentiality so that genuine results were collected for the study. Further, at report writing, all participants were not identified by their actual particulars in the report. During data collection, assurances were made on the need for anonymity and the right to withdraw from the study at any given time was explained to participants.

PRESENTATION AND DISCUSSION OF FINDINGS

The results and discussion section highlights among other issues practices teachers use to manage learners with epilepsy in the study schools and the challenges that might have characterised in the management of learners with epileptic condition. The section also highlights the prospect for improved practices in the management of epileptic condition in schools.

Management Practices of Learners with Epilepsy

On the management practices of learners with epilepsy, the findings of this study reveal that the participants were able to manage the epileptic attacks in schools by regularly monitoring the seizure patterns in learners with epilepsy. In support of this finding, one teacher said that,

'We have monitored the pattern of how the learners with epilepsy behave during seizure attacks. Some learners would get more excited when having absent seizures and I would make sure that the child is near so that even when he gets into a fit I quickly attend to him. When a child stops talking and the eyes starts blinking fast or sometimes seems as though gazing at one thing for a long time then I would know that he is having absence seizures. I would stop teaching, attend to him until he stabilises and that is when I continue with teaching.'

From the excerpt, teachers need to have records of learners with epilepsy well in hand in order to be able to monitor possible attacks. It also means the teacher has adequate knowledge of the signs of epileptic attacks, which is expected of teachers teaching in special and inclusive schools. The study also revealed that teachers helped learners to adhere to medication and instructions from health centres. In the selected school in Livingstone, a teacher said,

'The moment when a child has seizures I would find out whether he or she is on medication. If they are not on medication I would emphasize that they go to the clinic so that the child is put on medication, and if the child is already on medication and still having seizures I encourage them to go back to the clinic so that the dosage can be increased and analysed.'

Schools have various characteristics of learners with different needs and the presence of health personnel in the school would facilitate appropriate information and management strategies for various conditions including epilepsy. Upon guidance from health facilities, teachers should be able to remind their learners to take their medications periodically to effectively manage epilepsy. A related response from one class teacher was that:

'When we go out for trips that is when we administer the drugs to the learners because we have to camp and be with the learners. If the learner takes medication at lunchtime whilst in school we monitor and make sure the learner takes the drug.'

One Learner with epilepsy reported that,

'I take the drug on my own when it is time and when I forget the teacher reminds her. At home my mother reminds me.'

However, some teachers admitted that they had basic knowledge of managing epileptic attacks.

A comment from one class teacher was that,

'I have basic knowledge on how to manage epileptic conditions in schools although it is just the general knowledge from school. I know the types of seizures that are there, their presentation and the treatment that they should undergo. We were also taught how to help a child during seizures.'

Another teacher also said:

'Usually when they are attacked I will not stop teaching, I will just put that child where it is safe and keep on monitoring him or her while I continue teaching. Sometimes the seizure goes for a long time so one needs to keep on checking. After the seizure I would wait for the child to stabilize and then give the child some remedial work.'

From the above excerpt, the teacher seems to be negligent or lacks the knowledge by allowing a learner twitch while laid and he or she continues to teach. The teacher needs to be made aware that a learner twitching as a result of epilepsy may choke himself or herself if not laid properly and as such an accident such as death can occur. Further, twitching leads to muscle tear and avoiding muscle tear is only possible when the teacher is observant on where the victim is in flexible position or not. Teaching requires attention of other learners. How can a teacher continue teaching all other learners maybe disturbed at seeing their peer suffocating? When a learner is under attack, other learners are likely to also be disturbed. Barnett and Gay (2015) educate that the occurrence of a seizure is an opportunity to prevent social and emotional challenges imposed as result because usually classmates may get startled after witnessing their peer experiencing a seizure. It is incumbent upon the teacher to stop teaching and help the learners under attack as needed, a gesture that would allow other learners to learn how to help in case the teacher is not available.

There were however some teachers that were knowledgeable at managing epileptic attacks in classroom situation. One of the teachers narrates what she does when a learner is attacked:

‘When the learner gets in a fit I put him in a sick bay to rest and put him in a position that is comfortable for him so that he is not choked with saliva. I unfasten their belts, take off his shoes, socks and then put him in a safe place so that he is able to have easy breathing and place the neck in a certain position that is conducive for him. If the child is on medication, I administer the drug after the attack. I also remove all dangerous objects and remove the learner away from the desks where he may be hitting himself. If it is on the floor, I place a cushion and when he stabilises I take him to a place where he is able to relax and rest more. I also monitor whether the child has taken his medication at the right time. When someone is having a seizure they are not to be disturbed, it’s just removing harmful objects nearby and let them finish. If you try to put something in the mouth and someone is having a seizure and because the muscles become stiff, they can end up biting injuring themselves in the process.’

From excerpt, the study revealed that to effectively manage the learners with epilepsy whilst in school, the participants made sure that the learner is in a safe place. This was done by removing all harmful and dangerous objects around the learner when having seizure attack. The measures outlined in the verbatim excerpt are captured in Muzata, (2020). The help that can be rendered to someone with seizure attack is all about taking precautions. It is important to make sure there

are no sharp objects; simply cushion the head, loosen the clothes around their neck and never try to stop their movements. Such measures would mitigate chances of having other disabilities.

Parents are also key stakeholders in the education of their children with disabilities (Muzata, 2020). Their participation in school would not only facilitate easy management of certain conditions such as epilepsy but they would also gain skills of managing such problems at home. However, this also established that parents also had limited knowledge and skills of managing epilepsy attacks. This was echoed by one parent, who said that,

'I have basic knowledge because of the experience of having a child with epilepsy and through sensitization programmes on epilepsy by Community Based Rehabilitation (CBR) on how to manage a child with epilepsy when under attack and even after the attack itself.'

Findings show that there is effective collaboration between parents and teachers but the challenge was finding the other professionals like the physiotherapists and occupational therapists to provide specialised support. Teachers have home visitations once every term and are able to share ideas on how to manage the learners with epilepsy. The only time teachers and health personnel collaborate is when teachers want learners with epilepsy to be recommended for special education classes. From the study it was established that teachers and parents collaborate in the management of learners with epilepsy in their respective schools and this was echoed by one teacher that:

'There is a child whose seizures are severe. You would find she would have a first seizure and second seizure within the same period and would even become disoriented. We would quickly call the parents then take her to the hospital. Sometimes the parents would find she's already been given an injection and she is resting or we would take her home.'

In support of the above view, one learner with epilepsy from a focused group reported that:

'The parents and teachers work together because the parents tell the teachers how the disease started and the signs that are there.'

The role of parents collaborating with teachers in managing epilepsy cannot be over emphasised. Barnett and Gay (2015) in their paper on accommodation of epilepsy or seizure disorders strategies for teachers highlight the importance of building and maintaining a collaborative partnership between families and schools. According to Barnett and Gay (2015) such partnership facilitates the provision of valuable information about the children with epilepsy's strengths, weaknesses, medical and educational background. Such information helps

practitioners such as teachers to know how best to handle the child and recommend best interventions.

The study also revealed that there is timely observation of the precipitating factors. It is very important to know the foods that the child is allergic to and try to avoid those things that trigger the seizures in a child. When a parent sees that a child is not feeling well it is important to take the child to the hospital immediately for thorough examination because in some cases when a child is not feeling too well it triggers the seizures.

One of the teachers had this to say

'I think adherence to medication and I don't know how true but there is a parent to one of the children and from what she told me it's like there are certain foods that triggers the seizures. So I think also getting to know the foods that the child is allergic to and try to avoid those things that trigger the seizures in a child. Another teacher said when a parent sees that a child is not feeling well it is important to take the child to the hospital immediately for thorough examination because in some cases when a person is not feeling too well it triggers the seizures.'

In line with the findings of the study, Rodriguez (2012) observed that seizures could occur for a number of reasons, and often they were preventable. Epileptic seizures are often associated with particular triggers or changes in daily habits or routine and these are linked to stress, anxiety, alcohol, and change in sleep schedules, hormonal change in women and a change in medication.

Challenges in the Management Practices of Learners with Epilepsy

On the challenges in the management epilepsy was that there was limited social acceptance of epileptic learners, which negatively impacted on the management efforts by teachers. One teacher noted that,

'You know with epilepsy, people are still not very well educated. There are still these myths to say epilepsy is contagious, so you find there is this discrimination to some extent. One parent came to complain that his child was being denied to be enrolled in the regular schools because of having epilepsy. Some people still believe that epilepsy is as a result of a curse and some feel those with epilepsy are demon possessed.'

In the study, the findings were consistent with those of Jilek-Aall (1999) who states that, some teachers and parents believe that epilepsy is caused by acts of evil spirits. Some churches believe

that people with epilepsy are demon possessed. The convulsions associated with grandmal seizures are mistaken for evil spirit. People in the community feel that epilepsy is a demonic disease which is wide-spread in many parts of the world. It should be worth noting that Epilepsy is a biological disorder. Communities should be sensitised against such negative myths that lead to the denial to support persons with epilepsy.

The study also revealed that there was frequent shortage of medicine in health centres for epileptic learners. There was insufficient knowledge and skills on how to manage the condition. Negative beliefs and myths on epilepsy among parents, teachers, community and peers made it difficult to effectively manage epileptic cases in schools. Traditional beliefs and myths often make epileptic children and adults refuse to take medication leading to failure to control the condition.

We usually experience challenges when the child has no medicine at a time when he or she is scheduled to take the medicine and then he or she says the medicine is finished. Sometimes we are told there is no medicine in the hospital or clinics.

This challenge compromises adherence to medication of epilepsy. The best management practice is taking medication periodically and timely. However, without medicines in hospitals, victims face huge challenges in managing their health. Since epilepsy requires on-going medication, there should be no one time when medicines for epilepsy should run out. Doing so subjects learners with epilepsy to unhealthy living because when an attack occurs, because there would be no control measures.

The other challenge is the inadequacy of skills to manage epileptic attacks. Most teachers that participated in this study echoed this as a challenge. For instance, two of teachers said;

Me I don't know what to do when a child is attacked. I have to always call another teacher to come and help. Like this it's difficult because what happens when the other teacher is not around?

Another teacher said;

I get scared when the learner in my class is under attack but some of her friends come into help. We need to be trained on how to help these learners with such conditions; otherwise we would be seen to unhelpful.

The findings are consistent with Kumari and Patlia (2016) who in a study of assessment of knowledge of school teachers regarding epilepsy found that knowledge is inadequate among the

school teachers on concept, symptoms and management of epilepsy. The lack of knowledge and skills to manage epileptic attack among learners maybe misconstrued to mean negative attitudes yet it may be true that some teachers do not actually know. For inclusive education to be real, all teachers need to be equipped with knowledge and skills to teach and manage the challenges different learners exhibit in classroom situation (Kasongole and Muzata, 2020). A study by Dumeier, Neiningger, Kaune, Schumacher, Merckenschlager, Kiess, Bernhard, Bertsche, & Bertsche, (2017) found that training of preschool teachers boosted their level of self confidence in administering anti-convulsive medication and they committed few errors when administering medication to dummy dolls.

CONCLUSION

It is evident from the study that some teachers have limited knowledge and skills for managing epileptic attacks in the selected school of this study, while a few others demonstrated some knowledge through the interviews that were conducted. With the stigma that goes with this condition, teachers' knowledge and skills is cardinal in changing the negative attitudes of not only learners and parents but the community as well. Just Barnett and Gay (2015) postulate, teachers are aware of the impact of the condition on learners academic functioning and day to day performance, hence they need to be aware of presence of the seizures and how to mitigate the impact of the same. Teachers need to have knowledge and skills which they can transplant into parents and other learners as well.

Recommendations

It was good to find through this study that teachers, parents and learners are able to manage epileptic conditions in schools although there are still some teachers and members of the community who still have traditional beliefs about epilepsy. The following recommendations are worth considering:

1. Schools should develop practices that recognise accommodation of learners with epilepsy in schools.
2. Parents to form support groups where they can exchange information about epilepsy within the community.

3. Ministry of General Education to have a deliberate policy to advocate continuous sensitization on the epileptic condition in Zambia
4. There is need to consider forming school teams comprising parents, teachers, school nurse, physician, and any other individuals to develop an individualized seizure action plan to inform the team regarding the health needs of a student with epilepsy (Nabors, Little, Akin-Little, & Lobst, 2008).

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