

Knowledge and Attitudes toward Epilepsy among Teachers in a District in Baghdad, Al-Karkh 2023

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Abstract

Background: Epilepsy, affecting 50 million people globally, disproportionately impacts children and those in low-and middle-income countries. It leads to recurring seizures and significant social, cognitive, and psychological challenges. Stigma and lack of awareness, especially in educational settings, hinder the quality of life and inclusion of individuals with epilepsy. Addressing these challenges through improved understanding and support in schools is crucial for enhancing the well-being of those affected. **Objectives:** The objective of this study was to assess knowledge and attitudes toward epilepsy among school teachers and to examine the influence of sociodemographic factors and school types on the level of knowledge and attitude. **Methodology:** A cross-sectional study was conducted in Baghdad's Al-Mansour District from February to December 2023. A cluster sampling technique was used to select 30 schools. All teachers in selected schools were included in the study. Data collection involved a self-administered questionnaire covering sociodemographic information, knowledge, and attitudes toward epilepsy. **Results:** The entire study sample was 530 school teachers, only 45% had poor knowledge, and 18% demonstrated good knowledge. Fifty-one percent of teachers displayed poor attitudes toward epilepsy. Logistic regression analysis identified a family history of epilepsy and witnessing an epileptic attack as significant factors positively influencing knowledge. However, demographic factors showed no significant impact on knowledge or attitudes toward epilepsy. **Conclusion:** A notable knowledge gap and attitudes about epilepsy. Social media and television were important sources of information about epilepsy, which may not always provide accurate or comprehensive knowledge. Teachers with a family history of epilepsy and teachers who have witnessed epileptic attacks tend to have better knowledge. However, age, gender, marital status, and educational level do not significantly influence knowledge and attitude levels.

Keywords: Attitude, epilepsy, Iraq, knowledge, teachers

INTRODUCTION

Epilepsy is a chronic neurological disorder that affects the brain's electrical activity, leading to recurring seizures.^[1] Globally, it is one of the most common neurological conditions, according to the World Health Organization affecting nearly 50 million people of all ages worldwide.^[2] It is important to note that a majority of individuals with epilepsy, around 80%, live in low- and middle-income countries. It is estimated that up to 70% of people with epilepsy could achieve seizure freedom with appropriate medical care. Epilepsy affects people of all ages, with peaks among children and those over 60 years of age. It has neurological, cognitive, psychological, and social consequences.^[2] Unfortunately, individuals with epilepsy face an increased risk of premature death, up to three times higher compared to the general population; and it is about 5–10 times higher in children.^[3] The prevalence of epilepsy in

children ranges from 3.2 to 5.5/1,000 in developed countries and 3.6–44/1,000 in underdeveloped countries.^[4] Several studies have investigated the prevalence of epilepsy in different countries. A study conducted in Iraq in 2017 found a prevalence of epilepsy of 2.52 cases per 1000 individuals.^[5] In Saudi Arabia, the prevalence rate is 2.99–5.16 per 1000,^[6] while a study in Egypt in 2016 found a prevalence rate of 3.3 cases per 1000.^[7] Morocco's prevalence of epilepsy is 11 per 1000.^[8] Living with a child with epilepsy can be

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challenging, but with proper knowledge, understanding, and support from teachers and the school community, the child can thrive academically and socially. Open communication, collaboration with healthcare professionals and parents, and implementing appropriate accommodations and seizure management strategies are key to ensuring the child's success at school.^[9,10] The burden of the disease is not only attributable to the unpredictability of seizures but also to the social stigma toward people with the disease. Stigma and discrimination remain significant challenges for individuals with epilepsy and their families across the world. The social impact of epilepsy can lead to isolation, limited opportunities, and a reduced quality of life for those affected.^[11] Absence seizures can be very brief. For a person not familiar with absence epilepsy (petit mal seizures) in children, this is easily confused with a typical daze, and the teachers who do not know about this kind of convulsion may develop the wrong attitude toward epileptic children.^[12,13] Cultivating empathy and understanding toward students with epilepsy is crucial. Teachers should recognize that epilepsy is a medical condition and not a reflection of a student's intelligence or behavior. By showing empathy, teachers can create a supportive and nonjudgmental environment where students with epilepsy feel accepted and understood. This helps to build trust and foster a positive learning experience.^[14] Teachers should strive to create an inclusive and supportive classroom environment where all students, including those with epilepsy, feel valued and included. This involves treating all students equally and providing necessary accommodations to ensure their full participation and success in academic and extracurricular activities. Modifying assignments, providing additional support, and ensuring a safe environment are essential steps in promoting inclusivity and support.^[15,16]

The current study was conducted aiming to assess knowledge and attitudes toward epilepsy among school teachers and to examine the influence of sociodemographic factors and school types on the level of knowledge and attitude.

METHODOLOGY

A cross-sectional study was performed on primary and secondary school teachers who were working in Al-Mansour District in Al-Karkh, Baghdad, Iraq, period of data collection extending from February to December 2023. Al-Mansour District includes a total of 361 schools (193 primary schools and 168 secondary schools) in various neighborhoods such as Ghazaliyah, Ameriyah, Washash, Hay Al-Jamieih, and Hay Khadra. Out of these schools, 15 primary schools (9 governmental, 6 private) and 15 secondary schools (9 governmental, 6 private) were selected by cluster sampling. Each schools were selected by simple random sampling and all teachers in the selected schools were taken as clusters.

All teachers in selected schools who were present at the time of data collection and agreed to participate were included in the study.

School managers were excluded from the study population.

The questionnaire was prepared by the researcher after reviewing the scientific literature.^[17-19] It is translated into Arabic and reviewed by the faculty members of the department as well as a consultant in neuropsychiatry and their modification and advice regarding the proposed questionnaire was taken into consideration. Participants were asked to complete a self-administered questionnaire after explaining the aim of the study.

The questionnaire consisted of three parts:

- 1st Part: Basic Sociodemographic Data of teachers:

Age of teacher, gender of teacher, marital status, years of experience as a school teacher, level of education of the teacher.

Other variables:

- If any member of the teacher's family suffers from epilepsy
- If the teacher ever had an epileptic student in the class
- If a teacher ever witnessed a seizure at school
- If teacher receive adequate training about epilepsy in their teaching training
- Main source of information about epilepsy (social media, TV screen, scientific books, friends, and personal experience)
- School types: Mean private and governmental
- School stages: Mean primary and secondary.
- 2nd Part: includes 15 knowledge-related questions
- 3rd Part: includes 12 attitude-related questions

All questions having two possible answers were given either 1 point for a correct response or 0 point for a wrong or uncertain response. The answers that had a score of <60% were considered poor, the answers that scored from 60% to 79% were considered moderate or acceptable, and the answers that scored above 80% were considered good according to the Bloom score.^[20]

A pilot study was done on a convenient sample of teachers to assess the clarity of the questions, any modifications needed, and estimate the time required to fill the questionnaire. A pilot study was conducted on 10 participants. The teachers who participated in the pilot study were excluded from the main study.

Microsoft Excel, version 16, and Statistical Package for Social Sciences (SPSS) version 26 (SPSS Inc., Chicago, IL, USA.) were used in data processing and analysis. Descriptive data were presented as tables and graphics. Categorical data were tested using the Chi-square test, and logistic regression was also used. $P < 0.05$ was considered statistically significant.

The ethical considerations include the following points:

- Official agreements were obtained from the Ethical Scientific Committee at the Department of Family and Community Medicine, College of Medicine, University of Baghdad, and the Council of Family and Community Medicine, Iraqi Board for Medical Specializations
- The official agreement was obtained from Al-Karkh Education Directorate

- Verbal consent was obtained from each participant in the study. Collected Data were kept confidential and not used only for research purposes.

RESULTS

The entire study sample was 530 school teachers. Most of the teachers were females 478 (90.2%). Regarding age, 183 (34.5%) aged between 41 and 50 years. In terms of marital status, 364 (68.7%) were married. Educationally, most teachers hold a bachelor's degree, accounting for 327 (61.7%). Experience-wise 344 (64.9%) have more than 10 years of teaching experience. All the above findings are listed in Table 1.

Figure 1 illustrates the distribution of teachers who participated in the study, segmented by the type and stage of their respective schools. A notable majority of the respondents hail from governmental institutions (393 teachers). Specifically (244), teachers are from primary schools, while 149 are associated with secondary schools. On the other hand, private schools also contributed to the survey (137 teachers) specifically (73) teachers from primary institutions and (64) from secondary ones.

Table 2 shows that the majority of 86.2% (457 teachers) reported not having a family history of epilepsy. In addition, 83.0% (440 teachers) did not have a student with a history of epilepsy. Furthermore, 93.9% (263 teachers) did not see an epileptic attack before, and 93.8% (497 teachers) did not receive training on how to handle epilepsy, as shown in Table 2.

Figure 2 shows the source of teachers' information about epilepsy. Predominantly, social media emerges as a major

source, with 39.8% of teachers citing it as their primary channel of information. TV screens closely follow this, with (37.4%) teachers acknowledging it as their source. The influence of personal experiences is evident at 9.1%, friends (7.2%) and Scientific books (6.6%) of teachers.

Knowledge

Regarding the knowledge of the participants about epilepsy, nearly half 237 (45%) of teachers had poor knowledge about epilepsy, 197 (37%) had acceptable knowledge, and only a minority 96 (18%) had good knowledge about epilepsy, as illustrated in Figure 3.

Table 3 provides insights into how different teacher characteristics are associated with their knowledge about epilepsy such as age, gender, marital status, educational level,

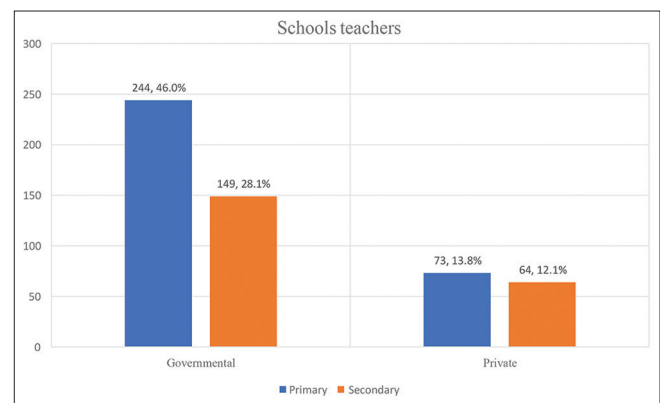


Figure 1: The distribution of the teachers regarding their work institutions

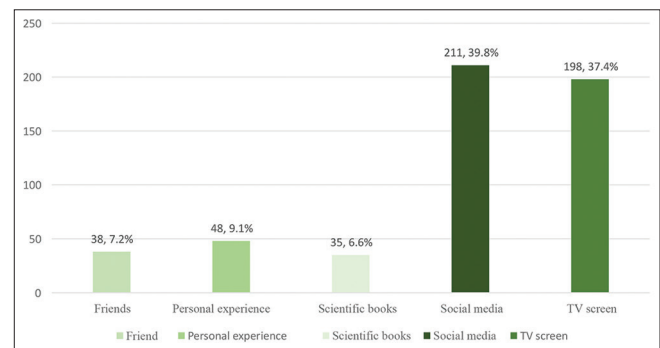


Figure 2: The source of information about epilepsy

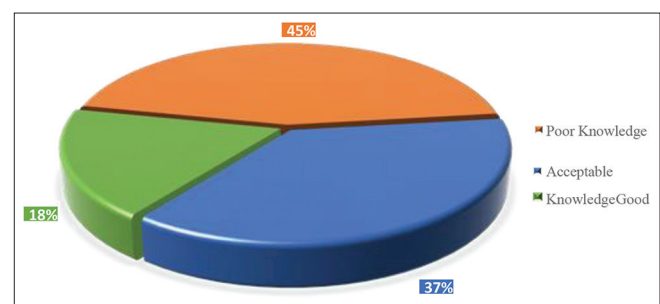


Figure 3: Distribution of the teachers according to their knowledge about epilepsy

Table 1: The sociodemographic characteristics of the participants (n=530)

Variable	n=530, n (%)
Age (years old)	
≤30	69 (13.0)
31–40	170 (32.1)
41–50	183 (34.5)
>50	108 (20.4)
Gender	
Female	478 (90.2)
Male	52 (9.8)
Marital status	
Divorced	57 (10.8)
Married	364 (68.7)
Single	82 (15.5)
Widowed	27 (5.1)
Education level	
Bachelor	327 (61.7)
Diploma	176 (33.2)
Higher education	27 (5.1)
Experience duration years	
<5	109 (20.6)
5–10	77 (14.5)
>10	344 (64.9)

and length of teaching experience did not show a statistically significant ($P > 0.05$).

Differences between teachers working at the government from those at private schools, a significant majority of the government (45.3%), have poor knowledge of epilepsy, and only (14.2%) possess good knowledge. In contrast, private school teachers show a different distribution: (43.1%) have

poor knowledge, and a higher proportion of 40 teachers (29.2%) have good knowledge, with a significant $P = 0.0001$.

Table 4 reveals that teachers with a family history of epilepsy generally have better knowledge than those with a negative family history and vice versa a significant association confirmed by a $P = 0.0001$. A significant association between teachers' knowledge about epilepsy and teachers who have witnessed an epilepsy attack, who tend to have higher knowledge levels than those who did not, such difference was statistically significant ($P = 0.026$).

Regarding the sources of information, teachers who have personal experience showed a higher percentage of good knowledge about epilepsy (39.6%) and the lowest percentage of poor knowledge (27.1%). On the other hand, TV and social media were affecting teachers' knowledge but in the reverse direction. Teachers who were getting information about epilepsy from TV and social media have poor knowledge (53.5%) and (41.7%), respectively ($P = 0.0001$) [Table 4].

In the analysis of factors influencing teacher knowledge, a logistic regression model was utilized to identify key predictors of "Good knowledge" among teachers. It revealed that participants with a family history of epilepsy have 2.57

Table 2: Teacher's experience with epilepsy ($n=530$)

Variable	$n=530, n (%)$
Family history of epilepsy	
No	457 (86.2)
Yes	73 (13.8)
Have a student with a history of epilepsy	
No	440 (83.0)
Yes	90 (17.0)
Witness of an epileptic attack before	
No	398 (75.1)
Yes	132 (24.9)
If received any training before	
No	497 (93.8)
Yes	33 (6.2)

Table 3: Association between teacher's knowledge about epilepsy with sociodemographics, qualification characteristics, and school types ($n=530$)

Characteristics	Knowledge level			P
	Poor, $n (%)$	Acceptable, $n (%)$	Good, $n (%)$	
Age (years old)				
≤30	38 (55.1)	22 (31.9)	9 (13.0)	0.360
31–40	80 (47.1)	62 (36.5)	28 (16.5)	
41–50	79 (43.2)	68 (37.2)	36 (19.7)	
>50	40 (37.0)	45 (41.7)	23 (21.3)	
Gender				
Female	211 (44.1)	183 (38.3)	84 (17.6)	0.250
Male	26 (50.0)	14 (26.9)	12 (23.1)	
Marital status				
Divorced	21 (36.8)	22 (38.6)	14 (24.6)	0.259
Married	162 (44.5)	140 (38.5)	62 (17.0)	
Single	45 (54.9)	23 (28.0)	14 (17.1)	
Widowed	9 (33.3)	12 (44.4)	6 (22.2)	
Educational level				
Bachelor	149 (45.6)	118 (36.1)	60 (18.3)	0.814
Diploma	78 (44.3)	66 (37.5)	32 (18.2)	
Higher education	10 (37.0)	13 (48.1)	4 (14.8)	
Teacher experience duration (years)				
<5	51 (46.8)	36 (33.0)	22 (20.2)	0.740
5–10	37 (48.1)	29 (37.7)	11 (14.3)	
>10	149 (43.3)	132 (38.4)	63 (18.3)	
Schools types				
Governmental schools	178 (45.3)	159 (40.5)	56 (14.2)	0.0001
Private schools	59 (43.1)	38 (27.7)	40 (29.2)	
Schools stages				
Primary schools	141 (44.5)	116 (36.6)	60 (18.9)	0.831
Secondary schools	96 (45.1)	81 (38.0)	36 (16.9)	

Table 4: The association of the experience with epilepsy and source of information with the knowledge of teachers about epilepsy (n=530)

Characteristics	Knowledge level			P
	Poor, n (%)	Acceptable, n (%)	Good, n (%)	
Family history of epilepsy				
No	218 (47.7)	169 (37.0)	70 (15.3)	0.0001
Yes	19 (26.0)	28 (38.4)	26 (35.6)	
Have a student with a history of epilepsy				
No	204 (46.4)	163 (37.0)	73 (16.6)	0.086
Yes	33 (36.7)	34 (37.8)	23 (25.6)	
Witness of an epileptic attack before				
No	190 (47.7)	144 (36.2)	64 (16.1)	0.026
Yes	47 (35.6)	53 (40.2)	32 (24.2)	
If received any training before				
No	227 (45.7)	184 (37.0)	86 (17.3)	0.102
Yes	10 (30.3)	13 (39.4)	10 (30.3)	
Source of information				
Social media	88 (41.7)	81 (38.4)	42 (19.9)	0.0001
TV screen	106 (53.5)	69 (34.8)	23 (11.6)	
Personal experience	13 (27.1)	16 (33.3)	19 (39.6)	
Scientific books	11 (31.4)	16 (45.7)	8 (22.9)	
Friends	19 (50.0)	15 (39.5)	4 (10.5)	

good knowledge than those with a negative family history. Similarly, teachers who have witnessed epileptic attacks have good knowledge, with a 1.66 more than did not see Table 5.

Attitude

In the assessment of teachers' attitudes toward epilepsy, the study found that 272 (51.0%) have a poor attitude, a total of 182 (35%) have an acceptable attitude, and 76 (14%) demonstrate a good attitude toward epilepsy, as illustrated in Figure 4.

Table 6 reveals that teachers' attitudes toward epilepsy are not significantly affected by demographic factors such as age, gender, marital status, educational level, as well as the duration of teaching experience. The variations in attitudes across these categories, like the highest rate of poor attitudes among teachers under 30 and the lowest among those over 50, are not statistically significant. Similarly, gender and marital status do not show a significant impact on attitudes toward epilepsy.

Family history and direct experiences such as having a student with epilepsy or witnessing an attack do not significantly alter attitudes. Teachers who have received training on epilepsy show a more positive attitude, but this too lacks statistical significance. Moreover, source of information did not show a significant impact on attitudes toward epilepsy as reflected in Table 7.

DISCUSSION

The current study highlights that 45% of surveyed teachers possess a poor understanding of epilepsy, and 37% demonstrate acceptable knowledge levels, underscoring a substantial awareness gap. Moreover, only a small minority 18% exhibit

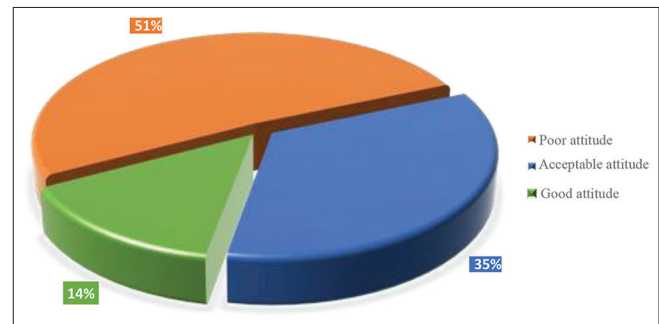


Figure 4: Distribution of the teachers according to their attitude toward epilepsy

a commendable understanding. Numerous studies consistently reveal insufficient knowledge for instance, Reyace *et al.* in Iran found only 17.7% have a good level,^[21] in Saudi Arabia, 20.5% have a good level,^[22] also in Saudi Arabia and Morocco, there was poor knowledge about epilepsy.^[23,24] These findings may underscore the global challenge of enhancing educators' awareness and knowledge about epilepsy to foster a more inclusive and supportive educational environment. However, a study in Saudi Arabia (2021) revealed only 19% of teachers had poor levels.^[25] The difference can be related to education adequacy about epilepsy. The current study delved into the intricate realm of teachers' attitudes toward epilepsy, aiming to illuminate the pivotal role educators play in shaping societal perceptions of this neurological condition. In this study, a concerning 51.0% of teachers demonstrated a poor attitude toward epilepsy, highlighting a critical need for targeted interventions and awareness programs to address misconceptions. Notably, 35% of teachers exhibited an

acceptable attitude. These findings align with a study in Kirkuk/Iraq,^[26] Saudi Arabia,^[27] and Italy,^[28] emphasizing the persistence of epilepsy-related misunderstandings and the need to combat stigma. The age, gender, and years of experience of teachers revealed no statistically significant differences in knowledge levels. These findings are similar in Saudi Arabia.^[29] Remarkably, the age, gender, marital status, and educational level of teachers also were identified as nonstatistically significant influencers on teachers' attitudes. However, a study in Saudi Arabia^[30] found age, marital status, and educational level to be statistically significant factors influencing attitudes. This implies the necessity of considering

cultural and contextual nuances when interpreting findings and applying them to diverse educational settings. In this study, the presence or absence of a family history of epilepsy emerged as a pivotal factor influencing teachers' knowledge levels. Teachers with a family history of epilepsy exhibited notably superior knowledge compared to those without such a history ($P = 0.0001$). This finding is similar to that of Sansa *et al.* among 166 teachers in Tunisia^[31] and similar to those of Kadhim *et al.* in Iraq.^[32] The logistic regression analysis in this study explored various factors influencing teachers' knowledge about epilepsy. Notably, a family history of epilepsy emerged as a statistically significant predictor, indicating a substantial positive correlation. This finding underscores that personal or familial experience with epilepsy significantly enhances understanding, reflecting the importance of real-life exposure. Similar finding was found in Kuwait (2016).^[19] The study emphasizes a noteworthy and statistically significant association ($P = 0.026$) between teachers' knowledge levels and their firsthand experiences with epileptic attacks. Teachers who had witnessed such episodes exhibited significantly higher knowledge levels compared to counterparts who had not encountered such incidents. Similar findings were in Saudi Arabia^[33] and Ethiopia.^[34] This underscores the profound impact

Table 5: Logistic regression analysis of some independent predictors on the teacher's knowledge about epilepsy

Variable	Category	OR	P	95% CI
Family history	Yes	2.57	0.031	1.09–6.05
	No	0.39		0.17–0.92
Witness of an epileptic attack	Yes	1.66	0.018	1.09–2.54
	No	0.60		0.39–0.92
Schools types	Private	1.08	0.702	0.67–1.74
	Governmental	0.92		0.57–1.49

OR: Odds ratio, CI: Confidence interval

Table 6: Association between attitude level of the participants regarding epilepsy and certain demographics, qualification characteristics, and school types ($n=530$)

Variables	Attitude level			P
	Poor, n (%)	Acceptable, n (%)	Good, n (%)	
Age (years old)				
≤30	38 (55.1)	25 (36.2)	6 (8.7)	0.385
31–40	91 (53.5)	55 (32.4)	24 (14.1)	
41–50	92 (50.3)	58 (31.7)	33 (18.0)	
>50	51 (47.2)	44 (40.7)	13 (12.0)	
Gender				
Female	249 (52.1)	161 (33.7)	68 (14.2)	0.543
Male	23 (44.2)	21 (40.4)	8 (15.4)	
Marital status				
Divorced	27 (47.4)	24 (42.1)	6 (10.5)	0.213
Married	186 (51.1)	125 (34.3)	53 (14.6)	
Single	47 (57.3)	26 (31.7)	9 (11.0)	
Widowed	12 (44.4)	7 (25.9)	8 (29.6)	
Educational level				
Bachelor	164 (50.2)	114 (34.9)	49 (15.0)	0.788
Diploma	96 (54.5)	58 (33.0)	22 (12.5)	
Higher education	12 (44.4)	10 (37.0)	5 (18.5)	
Teacher experience duration (years)				
<5	53 (48.6)	40 (36.7)	16 (14.7)	0.819
5–10	43 (55.8)	22 (28.6)	12 (15.6)	
>10	176 (51.2)	120 (34.9)	48 (14.0)	
Schools types				
Governmental schools	199 (50.6)	142 (36.1)	52 (13.2)	0.239
Private school	73 (53.3)	40 (29.2)	24 (17.5)	
Schools stages				
Primary schools	172 (54.3)	100 (31.5)	45 (14.2)	0.209
Secondary schools	100 (46.9)	82 (38.5)	31 (14.6)	

Table 7: The association of the experience with epilepsy and source of information with the attitude of teachers about epilepsy ($n=530$)

Variables	Attitude level			P
	Poor, n (%)	Acceptable, n (%)	Good, n (%)	
Family history of epilepsy				
No	244 (53.4)	150 (32.8)	63 (13.8)	0.058
Yes	28 (38.4)	32 (43.8)	13 (17.8)	
Have a student with a history of epilepsy				
No	226 (51.4)	155 (35.2)	59 (13.4)	0.340
Yes	46 (51.1)	27 (30.0)	17 (18.9)	
Witness of an epileptic attack before				
No	206 (51.8)	130 (32.7)	62 (15.6)	0.215
Yes	66 (50.0)	52 (39.4)	14 (10.6)	
If received any training before				
No	261 (52.5)	167 (33.6)	69 (13.9)	0.098
Yes	11 (33.3)	15 (45.5)	7 (21.2)	
Source of information				
Social media	115 (54.5)	69 (32.7)	27 (12.8)	0.109
TV screen	108 (54.5)	63 (31.8)	27 (13.6)	
Personal experience	17 (35.4)	18 (37.5)	13 (27.1)	
Scientific books	14 (40.0)	16 (45.7)	5 (14.3)	
Friends	18 (47.4)	16 (42.1)	4 (10.5)	

of experiential learning in enriching educators' understanding of epilepsy. Regarding getting previous training. Remarkably, the study found that a significant majority of teachers (93.8%) had not undergone specific epilepsy training. Similarly, a study in Karbala (90%) and Saudi Arabia (95.4%) of teachers do not participate in any training.^[27,35] This may reflect the lack and neglect of such important training courses. Although the correlation between training and attitudes or knowledge was not statistically significant, teachers with training exhibited more favorable attitudes and better knowledge levels about epilepsy. This study highlights diverse sources from which teachers acquire information about epilepsy. Social media emerges as a major source, followed closely by TV screens. These findings are compatible with studies in Saudi Arabia 2021,^[36] in Kuwait (2016), the majority obtained information about epilepsy from public media,^[19] and in Iraq, mainly sources from mass media (TV/radio).^[37] The prevalence of social media as a major source is attributed to its accessibility, real-time updates, community support, engaging content, and networking opportunities. A survey found over three million users providing information about epilepsy on public platforms on Facebook and Twitter with difficulty ascertaining the quality of such information.^[38] The information available on the Internet about epilepsy was far from adequate, particularly on Arabic websites. They tended to be plagiarized with no way to access their authors or original resources.^[39] The study examined the impact of school type, revealing a significant affecting on knowledge level ($P = 0.0001$). Teachers in private schools have higher knowledge levels compared to governmental school teachers, these findings are similar in Saudi Arabia.^[30] The differences in knowledge levels between teachers in governmental schools and private schools could be attributed to various factors.

Private schools may have different resources, educational programs, or professional development opportunities that contribute to a better understanding of health-related topics, such as epilepsy. According to the current study, there is no statistically significant difference in teachers' knowledge and attitudes toward epilepsy between primary and secondary school stages. Both primary and secondary school teachers exhibit a similar pattern of knowledge and attitudes, which may suggest that the level of awareness and perception of epilepsy is consistent across these educational stages. The study conducted by Dabilgou *et al.* in 2021 concluded the same finding.^[34]

CONCLUSION

Teachers' knowledge levels about epilepsy are varied, with a substantial number displaying poor understanding. About half of the teachers have poor attitudes toward epilepsy. Social media and television are important sources of information about epilepsy which may not always provide accurate or comprehensive knowledge. Teachers with a family history of epilepsy and teachers who have witnessed epileptic attacks tend to have better knowledge. However, age, gender, marital status, and educational level do not significantly influence knowledge levels.

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Conflicts of interest

There are no conflicts of interest.

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