KNOWLEDGE AND ATTITUDE OF NURSING STUDENTS TOWARDS EPILEPTIC PATIENTS IN UNIVERSITY OF BENIN, EDO STATE.

BY

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IN PARTIAL FULFILLMENT OF THE AWARD OF THE DEGREE OF BACHELOR OF NURSING SCIENCES (BNSC)

OCTOBER, 2025

DECLARATION

This is to declare that this research project titled "**KNOWLEDGE AND ATTITUDE OF NURSING STUDENTS TOWARDS EPILEPTIC PATIENTS IN UNIVERSITY OF BENIN, EDO STATE"** was solely carried out by ENWEMUCHE VIRTUE. It is solely the result of my work except where stated otherwise by reference or acknowledgement as being derived from other person (s) or resources.

MATRICULATION NUMBER: ___________________

FACULTY OF NURSING SCIENCE, UNIVERSITY OF BENIN, BENIN CITY, EDO STATE.

Signature: __________________

Date: __________________

CERTIFICATION/APPROVAL

This is to certify that this research project was carried out by **ENWEMUCHE VIRTUE** with Matriculation Number________________has been examined and approved for the award of BACHELOR OF NURSING SCIENCE (BNSC), under the supervision of **Mrs. M. A. INIOMOR**

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Mrs. M. A INIOMOR **Date**

Supervisor

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PROF. (MRS) C.E OMOREGBE **Date**

Head Of Department of Med Surg.

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Name: ______________________________

(Exteral Examiner)

Abstract

Epilepsy, a chronic neurological disorder affecting millions globally, remains heavily stigmatized in many societies, including Nigeria. Cultural misconceptions often associate epilepsy with supernatural causes, significantly affecting the social integration and quality of life of those affected. Nurses, as frontline healthcare providers, play a pivotal role in shaping public attitudes and delivering informed care. This study aimed to assess the knowledge and attitudes of nursing students at the University of Benin toward epileptic patients and examine the implications for patients' social well-being. A descriptive cross-sectional survey design was employed. A total of 281 nursing students across 200 to 500 levels were selected using proportionate stratified random sampling. Data was collected using a structured, selfadministered questionnaire covering demographics, knowledge, attitudes, and perceptions of social impact. Results revealed that while a majority of students demonstrated good understanding of epilepsy as a brain disorder and expressed willingness to assist during seizures, gaps persisted in symptom recognition, treatment beliefs, and misconceptions about heredity and contagion. Attitudinal responses were mixed: most students supported inclusion and respect for epileptic patients, but hesitations were observed in sensitive areas like marriage and personal interaction. Notably, participants agreed that epilepsy impedes social experiences such as employment, education, and relationships. The study concludes that although nursing students exhibit moderate knowledge and generally positive attitudes, pockets of misinformation and stigma remain. It is recommended that nursing curricula integrate targeted modules on epilepsy, combining theory with practical exposure, to reinforce accurate knowledge and empathetic patient care. Enhancing education and advocacy through formal training will better equip future nurses to support social inclusion and reduce stigma against people living with epilepsy.

***Keywords**: Epilepsy, Nursing Students, Knowledge, Attitude*

DEDICATION

This project work is dedicated to the **ALMIGHTY GOD** who has been my constant source of help and strength in my academic journey.

To my beloved mother, Mrs. Nkechi Enwemuche, whose unwavering support both financially and morally has kept me outstanding and fostering success all through my academic year.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Epilepsy is one of the most prevalent chronic neurological disorders globally. It is characterized by recurrent, unprovoked seizures due to abnormal electrical discharges in the brain, which can lead to temporary disturbances in motor activity, consciousness, behavior, or sensation (World Health Organization [WHO], 2022). Epilepsy affects approximately 50 million people worldwide, and close to 80% of these individuals live in low- and middle-income countries (WHO, 2022). The disorder presents a significant public health challenge, especially in subSaharan Africa, where cultural, educational, and health system constraints intersect to intensify the burden of the condition (Ngugi et al., 2019).

The effects of epilepsy go beyond the physical side of seizures, deeply affecting the social lives of those impacted. This is often influenced by how much the community knows about epilepsy, especially among healthcare workers who are key in supporting individuals with epilepsy. Despite advances in medical science, epilepsy remains stigmatized, especially in developing countries, where misconceptions and cultural beliefs influence public perceptions and treatmentseeking behaviors (Mbuba & Newton, 2020).

Nurses have a vital role in caring for and educating patients with epilepsy, especially in hospitals and community settings. Their knowledge and attitudes toward epilepsy significantly affect the quality of care provided and the social integration of affected individuals (Austin et al., 2019). Their attitudes towards People with Epilepsy (PWE) can significantly influence patient adherence to treatment, self-esteem, and integration into society (Baker et al., 2018). Studies have shown that inadequate knowledge and negative attitudes among healthcare providers contribute to stigma, leading to poor health outcomes and diminished social well-being for epileptic patients (Tran et al., 2021).

At a larger societal level, how epilepsy is viewed can shape the experiences of those living with it. Misinformation and fear can lead to social exclusion, limitations in educational and employment opportunities, and difficulties in forming meaningful relationships (Austin & Dunn, 2000). To tackle these social issues, we need a multi-pronged approach where healthcare workers, particularly nurses, play a vital role by sharing correct information and fostering positive attitudes.

In Nigeria, epilepsy is often associated with supernatural causes and misconceptions, leading to discrimination against individuals with the condition (Ogunrin, 2020). It is estimated that between 3.5 to 5 per 1,000 people in Nigeria are affected by epilepsy, although the number could be higher due to underreporting and a lack of comprehensive national data (Ezeala-Adikaibe et al., 2018). Cultural beliefs in many Nigerian communities still frame epilepsy as a spiritual or supernatural affliction rather than a medical condition. Individuals with epilepsy (PWE) are sometimes perceived as being possessed, cursed, or contagious, leading to their marginalization and social exclusion (Fekadu et al., 2021). These misconceptions have profound implications for the quality of life of PWE, particularly regarding their access to education, employment, relationships, and overall social integration.

The stigma associated with epilepsy is often more disabling than the seizures themselves. Individuals with epilepsy frequently experience emotional distress, low self-esteem, discrimination, and social withdrawal. These negative experiences hinder their ability to live fulfilling lives and contribute meaningfully to society. Social well-being—which encompasses emotional, psychological, and relational health—is often compromised among epileptic patients who feel rejected or devalued by their communities (Adewuya & Oseni, 2019). In addition, stigma can discourage patients from seeking medical treatment, adhering to medication, or disclosing their condition to healthcare providers, thereby exacerbating the clinical and psychosocial impact of the disorder (Austin et al., 2019).

Healthcare workers, including nurses, are key agents in combating stigma and delivering quality care to individuals with epilepsy. Nurses often serve as the first point of contact in healthcare settings and are responsible for patient education, medication administration, emotional support, and long-term care. Therefore, their knowledge and attitudes toward epilepsy are critical in shaping patient experiences and outcomes. Research shows that healthcare providers' beliefs about epilepsy can significantly affect the diagnosis, management, and support offered to patients (Tran et al., 2021). Positive attitudes and accurate knowledge foster empathy, trust, and adherence to care, while negative attitudes may reinforce stigma and lead to substandard care. However, several studies have demonstrated that even among nursing students—future frontline healthcare providers—knowledge about epilepsy is often inadequate, and attitudes may be shaped by cultural or religious beliefs rather than scientific evidence (Njamnshi et al., 2020). In Nigeria, many nursing students have limited exposure to epilepsy cases during their clinical training and may not receive sufficient education on neurological disorders as part of their curriculum (Ogunrin, 2020). As a result, they may harbor myths and biases, potentially carrying these into professional practice if uncorrected. This is concerning, as the attitudes formed during training often persist throughout one's career and influence patient care quality, clinical decisions, and health education delivery (Sanya et al., 2019).

Given the unique role of nurses in epilepsy management, especially in resource-limited settings like Nigeria, it becomes imperative to assess and enhance the preparedness of nursing students.

Institutions like the University of Benin play a pivotal role in producing competent healthcare professionals. Evaluating the level of knowledge and attitudes of nursing students in such institutions provides valuable insight into potential curriculum gaps and areas needing intervention. If nursing students are well-informed and trained to view epilepsy as a manageable medical condition rather than a taboo, this could significantly improve the care epileptic patients receive and help mitigate stigma in the wider community.

Furthermore, this study aligns with the broader objectives of the Nigerian health sector, which include improving the management of non-communicable diseases (NCDs) and promoting mental and neurological health. It also contributes to the global agenda of reducing health inequalities and improving the well-being of vulnerable populations, as emphasized by the United Nations Sustainable Development Goals (United Nations, 2020). Understanding the knowledge and attitude of future nurses can serve as a stepping stone toward developing educational programs and awareness campaigns tailored to the sociocultural realities of Nigeria, ultimately aiming to reduce stigma and enhance the quality of life of those affected by epilepsy.

University nursing students, as future healthcare providers, are expected to possess accurate knowledge and positive attitudes toward epilepsy to promote better patient care and social inclusion. These students are the future nurses who will care for individuals with epilepsy across different healthcare settings. The knowledge and attitudes they gain in university will shape how they care for patients in the future. Evaluating their knowledge and attitudes is important for pinpointing any gaps and creating effective solutions to improve epilepsy care and social acceptance.

1.2 Statement of Problem

Epilepsy continues to be one of the most neglected health conditions worldwide, not necessarily because of medical complexity, but due to widespread misunderstanding, cultural stigma, and healthcare system inadequacies. Despite significant scientific advancements in understanding the pathophysiology and treatment of epilepsy, social and cultural perceptions remain outdated, particularly in low-income and culturally conservative environments (WHO, 2022).

Health professionals are ideally positioned to challenge these myths and provide accurate information to patients, families, and the public. However, research has consistently shown that healthcare providers themselves may harbor misconceptions about epilepsy, particularly when they lack adequate training or clinical exposure (Njamnshi et al., 2020). Nurses, being the most ubiquitous healthcare providers in most LMICs, are especially critical to this endeavor. Their beliefs and practices significantly shape community attitudes, especially in resource-limited rural settings where physicians may be scarce.

Although epilepsy is a treatable condition, it remains a major public health issue, particularly in low- and middle-income countries. Globally, the treatment gap for epilepsy is estimated to be between 50% and 75%, with even higher rates in some African countries (WHO, n.d.). This means that a significant number of people with epilepsy do not receive the treatment they need, leading to preventable disability, social isolation, and economic burden (Njamnshi et al., 2023). In Nigeria, the burden of epilepsy is compounded by systemic healthcare limitations, including inadequate medical infrastructure, a shortage of trained personnel, and the limited availability of AEDs. Moreover, cultural beliefs and stigma surrounding the disorder remain widespread.

Epilepsy is often associated with supernatural phenomena, resulting in discrimination against those living with the condition. This stigma can prevent individuals from seeking medical care and participating fully in society (Ezeala-Adikaibe et al., 2020).

While nurses and other healthcare professionals are expected to lead the fight against such misconceptions, evidence suggests that they themselves may lack sufficient knowledge and training on epilepsy management. For instance, Aydın Avci et al. (2020) reported that although many nursing students had some theoretical knowledge of epilepsy, their practical understanding and attitudes varied significantly. This knowledge gap has serious implications for the quality of care and the ability to educate the public effectively.

Furthermore, the lack of national policy focus on epilepsy in Nigeria exacerbates the challenges. There is a scarcity of public health campaigns dedicated to epilepsy awareness, and very few programs provide community-based education or support for patients and their families. Without a comprehensive approach to epilepsy care and education, myths and stigma are likely to persist, and patients will continue to suffer from avoidable health and social consequences (Njamnshi et al., 2023).

People with epilepsy often deal with discrimination and social exclusion because of widespread misconception. Studies suggest that even healthcare professionals, including nurses, may harbor negative attitudes or lack adequate knowledge about epilepsy, which affects their ability to provide appropriate care (Njamnshi et al., 2020). If nursing students at the University of Benin hold similar misconceptions or negative attitudes, this could have serious implications for epilepsy management in the future.

Additionally, a recent study by Njamnshi et al. (2023) highlighted that health professionals in sub-Saharan Africa often hold biased views towards people with epilepsy, which can negatively influence their willingness to provide care. These findings underscore the importance of assessing and improving epilepsy-related knowledge and attitudes among nursing students, who represent the future workforce.

The problem becomes even more pressing when examining the state of nursing education. In many Nigerian institutions, epilepsy is not given adequate attention in the curriculum. Neurology modules are often condensed, and practical training may exclude epilepsy management unless students encounter it during clinical placements. This leaves a significant knowledge gap and allows cultural beliefs to shape professional attitudes.

Despite existing research on epilepsy in Nigeria, there is limited data on the knowledge and attitudes of nursing students specifically at the University of Benin. Understanding their perspectives is crucial for shaping educational curricula and clinical training to ensure that future nurses provide compassionate and informed care. This study aims to bridge this gap by assessing nursing students' knowledge and attitudes toward epileptic patients and evaluating its implications on social well-being.

At the University of Benin, like in many other Nigerian universities, student nurses come from diverse cultural, religious, and socio-economic backgrounds. Without structured educational interventions, these backgrounds may influence how they view patients with epilepsy. Anecdotal evidence and smaller studies have shown that some nursing students still believe epilepsy is contagious or caused by spiritual factors (Owolabi et al., 2020). These beliefs, if left unchecked, will carry over into clinical practice and perpetuate a cycle of stigma and poor patient care. This gap between the expected professional disposition and the actual beliefs held by nursing students represents a significant public health concern. If not addressed at the training level, it undermines the goals of equitable healthcare delivery, violates ethical standards of nondiscrimination, and contributes to the continued marginalization of people with epilepsy.

Therefore, it is imperative to evaluate the current level of knowledge and attitudes of nursing students towards epilepsy, particularly in institutions like the University of Benin. It also aims to highlight potential curricular gaps and identify opportunities for intervention, thus contributing to a healthcare system that is better equipped to support people with epilepsy both medically and socially.

1.3 Objectives of the Study

The main objective of this study is to evaluate the knowledge and attitudes of University of Benin nursing students toward epileptic patients and their implications on social well-being. The specific objectives are to:

1. assess the level of knowledge of nursing students on epilepsy.
2. examine the attitudes of nursing students toward epileptic patients.
3. investigate the relationship between knowledge of epilepsy and attitudes toward epileptic patients.

1.4 Research Questions

1. What is the level of knowledge of University of Benin nursing students regarding epilepsy?
2. What are the attitudes of nursing students toward epileptic patients?
3. Is there a significant relationship between nursing students' knowledge and their attitudes toward epilepsy?

1.5 Research Hypotheses

1. **H_0**: There is no significant relationship between knowledge of epilepsy and attitudes toward epileptic patients among nursing students at the University of Benin.

2. $\mathbf{H_0}$: There is no significant relationship between nursing students' attitude and knowledge and impact on the social well-being of epilepsy

1.6 Significance of the Study

The findings of this study will be valuable in several ways:

- **To the Nursing Profession**: The study will provide insights into nursing students' knowledge gaps and misconceptions about epilepsy, helping improve nursing education and training on neurological disorders.
- **To Healthcare Providers:** Understanding nursing students' attitudes will aid in designing interventions to promote more inclusive and patient-centered care.
- **To Epileptic Patients:** The study may contribute to reducing stigma and improving the social acceptance of individuals living with epilepsy.
- **To Policy Makers and Educators**: The results will inform curriculum development and policy recommendations for enhancing epilepsy awareness in nursing programs.

This information can also be used to:

- **Inform Curriculum Development**: Identify specific areas within the nursing curriculum that require strengthening regarding epilepsy education.
- **Enhance Teaching Strategies**: Guide educators in adopting more effective teaching methods to address misconceptions and promote positive attitudes.
- **Promote Professional Development**: Highlight the need for continuing education programs for practicing nurses to update their knowledge and attitudes towards epilepsy.

Contribution to Health and Social Well-being: By understanding the knowledge and attitudes of future nurses, this study can contribute to:

- **Improved Quality of Care**: Equip future nurses with the necessary knowledge and positive attitudes to provide more competent and compassionate care to individuals with epilepsy.
- **Reduced Stigma and Discrimination**: Foster a more understanding and accepting environment for PWE by addressing negative attitudes among future healthcare professionals.
- **Enhanced Social Integration:** Ultimately contribute to the improved social well-being and quality of life for individuals living with epilepsy by preparing nurses to be advocates and allies.

Contribution to Research: This study will add to the existing body of knowledge on the perceptions of healthcare professionals towards epilepsy, particularly within the Nigerian context. The findings can serve as a baseline for future research and interventions aimed at improving epilepsy care and reducing stigma.

1.7 Scope of the Study

This study focuses exclusively on undergraduate nursing students at the University of Benin, Edo State, Nigeria, across all academic levels (200–500). This population has been selected because of their central role in healthcare delivery and the formative nature of their training period, during which professional attitudes and knowledge are acquired and internalized.

The study covers both theoretical and attitudinal dimensions of epilepsy. The knowledge component examines students' understanding of the neurological basis of epilepsy, its signs and symptoms, risk factors, treatment options, prognosis, and recommended management approaches. It also assesses their familiarity with international guidelines, such as those from the

WHO and the International League Against Epilepsy (ILAE). The attitudinal component evaluates personal beliefs, emotional responses, willingness to provide care, and perceptions of people living with epilepsy, especially as they relate to stigma, empathy, and ethical responsibilities.

The research explores two primary independent variables: knowledge and attitude. Knowledge refers to students' cognitive understanding of epilepsy—its causes, symptoms, diagnosis, treatment, prognosis, and management, as outlined in current scientific literature and curriculum content. Attitude encompasses their emotional and psychological disposition toward individuals living with epilepsy, including behavioral intentions, stereotypes, empathy, and willingness to engage in care.

The dependent variable is the social well-being of people with epilepsy, interpreted through the lens of how healthcare professionals' beliefs and behaviors affect PWE's access to care, social inclusion, and psychological health.

Geographically, the research is confined to the University of Benin; however, its implications are expected to resonate with nursing education across Nigeria and sub-Saharan Africa, where curricula, cultural beliefs, and healthcare challenges are similar. Though localized, the study seeks to provide a template for similar assessments in other institutions and contribute to the broader discourse on health worker preparedness in managing chronic neurological conditions.

Temporally, this is a cross-sectional study, focusing on the 2024–2025 academic session. It captures a snapshot of knowledge and attitudes during this period without tracking changes over time. The research does not include postgraduate students or healthcare professionals in practice. Nor does it evaluate the actual quality of care delivered or patient outcomes—it rather focuses on the potential determinants of such outcomes, namely, knowledge and attitude.

Institutionally, the scope is limited to students in the Department of Nursing Science. Other departments such as public health, medical laboratory science, or medicine are excluded. The choice to focus on nursing students is deliberate, considering the unique role nurses play in ongoing patient interaction, education, and community outreach.

By focusing on this specific population and set of variables, the study aims to generate actionable insights into how future nurses in Nigeria are prepared to address epilepsy—not just as a medical condition, but as a complex socio-cultural issue.

1.8 Operational Definition of Terms

Attitude: The perceptions, beliefs, and behaviors exhibited by nursing students toward epileptic patients. In this study, this includes nursing students' beliefs and feelings about individuals with epilepsy and will be measured using a standardized attitude scale.

Epilepsy: A neurological disorder characterized by recurrent seizures due to abnormal electrical activity in the brain.

Epileptic Patients: These are individuals diagnosed with epilepsy.

Knowledge: The awareness and understanding that nursing students have about epilepsy, including its causes, symptoms, and management. In this study, this means how well nursing students understand the causes, symptoms, diagnosis, and treatments of epilepsy, assessed through a questionnaire.

Nursing Students: These are undergraduates in the Bachelor of Nursing Science program at the University of Benin.

Social Well-being: The ability of epileptic patients to interact and integrate within society without facing discrimination or exclusion. It refers to how individuals with epilepsy feel about their acceptance, social interactions, and overall satisfaction in life, focusing on how healthcare providers' knowledge and attitudes can influence this.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Epilepsy is a widespread brain disorder that impacts millions of people around the globe, leading to various social and mental health issues for those affected. It's important to understand what nursing students know and how they feel about epilepsy, as this can influence the care they provide and help reduce any surrounding stigma. Research shows that nursing students often have mixed levels of understanding and different attitudes toward epilepsy, which can affect the quality of care for patients. The way society and healthcare providers treat people with epilepsy can greatly affect their social well-being.

Recent studies point out that many nursing students don't know much about epilepsy. This gap can lead to negative feelings and misunderstandings that contribute to the stigma attached to the condition (Smith et al., 2021). When nursing professionals lack knowledge, it can make it harder for them to provide empathetic care, which may increase social isolation for those with epilepsy.

On the other hand, boosting nursing students' understanding and attitudes toward epilepsy is crucial for better patient care and social integration of these individuals (Jones & Taylor, 2022). How patients with epilepsy are treated by healthcare professionals plays a huge role in their social well-being, emphasizing the need for nursing programs to fill this knowledge gap and encourage positive attitudes.

This chapter looks into existing research about nursing students' knowledge and attitudes towards epilepsy and the effects on the social well-being of those with the condition. It stresses the need to tackle these topics in nursing education to prepare students properly for caring for this group.

2.2 Conceptual Review

2.2.1 Epilepsy

Epilepsy is one of the most prevalent neurological disorders worldwide, affecting approximately 50 million individuals, making it a major public health concern according to the World Health Organization (WHO). It is characterized by recurrent, unprovoked seizures resulting from excessive electrical discharges in the brain (World Health Organization, 2023). These seizures may vary in intensity and duration and can affect different parts of the body depending on the brain regions involved.

At the international level, several scholars have explored the clinical and social implications of epilepsy. Lemus and Sarkis (2022) described epilepsy as a chronic brain disorder with diverse etiologies and clinical presentations, noting that it poses significant medical, psychological, and social challenges for those affected. They emphasized that beyond its physiological symptoms, epilepsy often leads to social stigma, discrimination, and reduced quality of life for patients, especially in low-resource settings where misinformation and cultural misconceptions persist (Lemus & Sarkis, 2022).

Aksoy and Büyükbayram (2021) further defined epilepsy as a health condition with both medical and psychosocial dimensions. They argued that while modern medicine has advanced in the diagnosis and treatment of epilepsy, the social integration of people living with epilepsy remains problematic. Their study emphasized that epilepsy is not just a disease but a social condition shaped by the reactions and attitudes of society (Aksoy & Büyükbayram, 2021).

In the Middle Eastern region, Alshehry et al. (2024) examined awareness and perceptions about epilepsy among healthcare students and found persistent misconceptions, such as the belief that epilepsy is contagious or caused by supernatural forces. These beliefs have serious implications, as they fuel discrimination and hinder patients' access to care and social support. Their findings highlight the urgent need for educational interventions to dispel myths and improve public understanding of epilepsy (Alshehry et al., 2024).

Regionally, in Sub-Saharan Africa, epilepsy is often interpreted through the lens of spiritual beliefs, which compounds the stigma experienced by people living with the condition. According to Nemathaga et al. (2024), in South Africa, many individuals attribute epilepsy to witchcraft or possession, which leads to patients being isolated and excluded from educational, social, and employment opportunities. This context makes it particularly difficult for individuals to seek medical care or disclose their condition publicly (Nemathaga et al., 2024).

In Nigeria, epilepsy remains widely misunderstood, with cultural interpretations frequently taking precedence over medical explanations. According to Ekeh and Ekrikpo (2021), epilepsy in Nigerian communities is often perceived as a supernatural or contagious disease, leading to severe stigma, fear, and exclusion from societal functions. Their study showed that individuals with epilepsy were frequently denied job opportunities, education, and even marriage prospects due to widespread societal misconceptions.

Further research by Oduwole et al. (2022) in southwestern Nigeria found that even among university students, knowledge of epilepsy was limited, and negative attitudes persisted. The authors observed that while a portion of the population recognized epilepsy as a medical condition, many still held traditional beliefs that reinforced stigma. These attitudes have a direct effect on the social well-being of epileptic individuals, preventing them from participating fully in their communities.

Focusing more locally on Edo State, anecdotal and preliminary survey data suggest that while there is some clinical awareness of epilepsy among students, misconceptions and negative attitudes still exist. This is consistent with Yunus's (2024) findings in a similar university setting in Iraq, where even students with high academic knowledge lacked practical understanding of how to support the social inclusion of epileptic patients (Yunus, 2024).

The concept of epilepsy extends beyond its neurological basis and encompasses significant social dimensions. The condition is still widely stigmatized across global, regional, and local contexts. Misconceptions surrounding its causes, symptoms, and treatment contribute to social exclusion, discrimination, and poor quality of life for those affected. As future healthcare providers, nursing students' knowledge and attitudes are critical in reshaping these narratives and promoting a more inclusive and supportive environment for individuals living with epilepsy.

2.2.2 Knowledge of Epilepsy

The concept of knowledge regarding epilepsy encompasses an individual's understanding of its causes, symptoms, treatment options, and management approaches. For nursing students, this knowledge is especially critical as it directly influences their ability to deliver accurate care, educate patients and families, and reduce the stigma that often surrounds the condition. In the context of healthcare, knowledge of epilepsy among nursing students is also linked with preparedness, responsiveness during seizures, and long-term care planning. A comprehensive understanding of epilepsy can promote better health outcomes and social inclusion for those affected.

Internationally, numerous studies have assessed the state of epilepsy knowledge among nursing students and health professionals. Aksoy and Büyükbayram (2021), in a cross-sectional study conducted among Turkish undergraduate nursing students, found that participants had moderate knowledge of epilepsy. The study utilized the Epilepsy Knowledge Scale (EKS) and found a positive correlation between knowledge scores and positive attitudes toward patients.

Importantly, the study noted that students who had prior exposure to epilepsy through caregiving or witnessing seizures scored higher in knowledge, underlining the role of both formal education and practical experience in developing competence (Aksoy & Büyükbayram, 2021).

Another international study by Alshehry et al. (2024) assessed healthcare students' knowledge in Saudi Arabia and discovered significant gaps in basic understanding. Their study revealed that students who received structured educational interventions demonstrated significantly higher knowledge scores compared to those who did not. The authors emphasized the necessity of integrating epilepsy-focused modules into nursing curricula to address misconceptions and equip students with relevant clinical skills (Alshehry et al., 2024).

In Sub-Saharan Africa, particularly in South Africa, Nemathaga et al. (2024) explored the experiences of professional nurses in rural areas and found that inadequate training and limited continuing education contributed to significant knowledge deficits. Nurses were often unable to distinguish between types of seizures or administer appropriate emergency care. These findings highlight systemic educational gaps and the need for policy-driven efforts to improve epilepsy education across African nursing institutions (Nemathaga et al., 2024).

In Nigeria, research shows a similar pattern of knowledge variation. According to Ekeh and Ekrikpo (2021), a significant proportion of university students in Nigeria, including those in health-related fields, hold inadequate or inaccurate knowledge about epilepsy. Their study found that even among nursing and medical students, misunderstandings such as the belief that epilepsy is contagious or a result of spiritual possession were common. These misconceptions have implications not only for patient care but also for public health messaging and stigma reduction efforts.

Oduwole et al. (2022) supported this finding by evaluating knowledge and attitude toward epilepsy among Nigerian university students. The study showed that although awareness was generally high, detailed knowledge about the neurological basis of epilepsy, seizure types, and first-aid responses remained poor. They emphasized the need for experiential learning and curriculum reforms to bridge this knowledge gap [(Oduwole et al., 2022)].

Yunus (2024), in a study among nursing students at the University of Basrah, Iraq—a context with similar challenges—found that while 82% of students had "good knowledge" based on standard tests, critical gaps remained in areas like life modification for epileptic patients and understanding of complex seizure disorders. Female students tended to outperform their male counterparts in knowledge assessments, a pattern that could also be explored within the University of Benin context (Yunus, 2024).

Additionally, anecdotal reports and mini-surveys within the University of Benin suggest that while many nursing students are exposed to epilepsy in clinical postings, this exposure does not always translate into accurate knowledge. Observations from faculty members indicate that students often struggle to correctly identify seizure types or apply evidence-based care strategies, highlighting the disconnect between theoretical learning and clinical practice.

In conclusion, knowledge of epilepsy among nursing students varies widely across global, regional, and local contexts, with a consistent need for better education and clinical training. For institutions like the University of Benin, integrating comprehensive epilepsy education—including lectures, simulations, and direct clinical exposure—is crucial. This will ensure that nursing graduates are not only knowledgeable but also prepared to advocate for and support the social integration and well-being of people living with epilepsy.

2.2.3 Attitudes Towards Epilepsy

Attitude towards epilepsy refers to the predisposition or set of beliefs, emotions, and behavioral intentions individuals or groups have toward people living with epilepsy. These attitudes can significantly influence the level of stigma, discrimination, social acceptance, and overall quality of life experienced by epileptic patients. For healthcare professionals and students in training—especially nurses—attitudes are essential determinants of both patient care and the promotion of social inclusion.

Globally, studies have shown that the attitudes toward people with epilepsy (PWE) vary significantly and are largely shaped by cultural beliefs, levels of education, and exposure to epilepsy cases. According to Aksoy and Büyükbayram (2021), nursing students in Turkey demonstrated moderate levels of knowledge about epilepsy but more positive attitudes when they had prior exposure to people living with the condition. The study revealed a significant positive correlation between knowledge and attitudes, suggesting that enhancing epilepsy-related knowledge can foster empathy and improve social attitudes toward PWE (Aksoy &Büyükbayram, 2021).

Similarly, a 2024 study conducted in Saudi Arabia by Alshehry et al. found that educational interventions significantly improved students' attitudes toward epilepsy. Initially, students held several misconceptions—some believed epilepsy was contagious or a form of mental illness—but after a brief orientation session, attitudes shifted towards acceptance and understanding. This demonstrated that structured, evidence-based education can counteract negative stereotypes (Alshehry et al., 2024).

In another cross-national perspective, Yu et al. (2022) examined nurses' attitudes toward epilepsy in China. Their study showed that while clinical nurses were generally supportive of patients with epilepsy in terms of human rights (e.g., access to work, education), there remained uncertainty about social aspects like marriage and emotional stability. Notably, nurses working in neurology departments and epilepsy centers had significantly more favorable attitudes than those in general practice, highlighting the impact of specialized training and exposure (Yu et al., 2022). Within Sub-Saharan Africa, the intersection of traditional beliefs and limited health education often results in deeply ingrained stigma. Nemathaga et al. (2024) found that in rural South Africa, many nurses and community members attributed epilepsy to spiritual causes such as witchcraft or ancestral punishment. These beliefs influenced care decisions, including isolation of patients or refusal to administer care during seizures. Such attitudes significantly contribute to the social exclusion of epileptic individuals (Nemathaga et al., 2024).

In Nigeria, epilepsy remains one of the most stigmatized medical conditions, often wrongly associated with spiritual afflictions, mental illness, or contagion. According to Ekeh and Ekrikpo (2021), a considerable number of university students, including those in health disciplines, still harbor negative attitudes toward people with epilepsy. Many believed that epileptic individuals should not be allowed to work in high-risk jobs or marry non-epileptics. These attitudes persist despite advances in knowledge, indicating a disconnection between formal education and belief systems.

A more recent study by Oduwole et al. (2022) revealed that although many Nigerian university students had heard of epilepsy and recognized it as a medical condition, a significant proportion still viewed it with fear or disdain. The authors concluded that while educational interventions improved knowledge, changing attitudes required culturally sensitive, long-term engagement strategies that addressed deeply rooted misconceptions [(Oduwole et al., 2022)].

In the University of Benin, the situation reflects broader national trends. While nursing students undergo clinical postings and theoretical instruction, exposure to epileptic patients is often limited and not always accompanied by targeted attitude-shaping content. Preliminary findings and anecdotal evidence from nursing educators suggest that although students may express tolerance, unconscious biases persist. This is consistent with Yunus's (2024) findings in Iraq, where students with higher knowledge still demonstrated gaps in their willingness to socially engage with PWE, particularly in roles involving marriage or caregiving (Yunus, 2024).

Moreover, informal surveys conducted within the College of Nursing at the University of Benin suggest that some students maintain traditional beliefs about epilepsy being contagious or a sign of spiritual attack. These perceptions—though not always openly admitted—shape their comfort level when caring for epileptic patients and influence their willingness to advocate for such patients in public settings.

In conclusion, Attitudes toward epilepsy vary widely across international, regional, and local contexts but share a common thread: they are deeply influenced by the level of knowledge, personal exposure, and cultural belief systems. While international studies demonstrate the effectiveness of targeted educational interventions in improving attitudes, the persistence of stigma in African and Nigerian contexts highlights the need for culturally responsive education. At the University of Benin, integrating comprehensive epilepsy awareness modules, practical exposure, and reflective learning exercises into the nursing curriculum could help reshape attitudes and ultimately improve the quality of life and social integration for people living with epilepsy.

2.3 Theoretical Review

This study is based on the Health Belief Model (HBM), which is a common framework used to understand health behaviors by looking at people's attitudes and beliefs. The HBM suggests that how ready someone is to follow health advice depends on how likely they think they are to get a health issue, how serious they believe it is, the benefits they see in taking action, and the obstacles they think they might face, along with triggers for action and their belief in their ability to make changes.

For this study, the HBM is particularly relevant in examining how nursing students at the University of Benin perceive and respond to epilepsy. Their attitudes and knowledge regarding epilepsy are shaped by how severe they perceive the condition to be, how susceptible patients are, and the perceived consequences of the disorder. Their beliefs and knowledge influence their attitudes, which then affect how they care for these patients. If they have a positive view, backed by good knowledge and a belief in the importance of including epileptic patients in society, they're more likely to support and advocate for them.

Recent research backs the use of HBM in understanding how health professionals think. For example, a study by Ajibade et al. (2022) showed that nursing students' knowledge and views on epilepsy were largely influenced by how serious they thought the condition was and how confident they felt in treating patients. This fits with the HBM's focus on perceived seriousness and self-confidence as key factors in behavior.

The model comprises six key constructs: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. These constructs influence whether individuals engage in health-related behaviors.

Health Belief Model (HBM)

The Health Belief Model (HBM) is a psychological and behavioral model developed in the early 1950s by a group of social psychologists working for the U.S. Public Health Service. These researchers—Hochbaum, Rosenstock, and Kegels—sought to understand why individuals failed to participate in public health programs such as tuberculosis screening, despite having access to services. Since its inception, the HBM has been widely used across various health disciplines, including nursing, medicine, health education, and social work. The model continues to serve as a valuable theoretical framework for predicting and explaining health-related behaviors and for designing behavior change interventions.

At its core, the HBM posits that an individual's health behavior is determined by personal beliefs or perceptions about a disease and the strategies available to reduce its occurrence. It is a decision-making model that suggests individuals conduct a cost-benefit analysis before engaging in health-related behaviors. The model assumes that individuals are rational beings who will take action to avoid illness if they believe that the consequences of inaction are serious and that the benefits of action outweigh the barriers.

The model originally consisted of four key constructs—perceived susceptibility, perceived severity, perceived benefits, and perceived barriers. Over time, two more components were added to strengthen the model's predictive power: cues to action and self-efficacy. These six constructs work together to explain why individuals engage in or avoid health-promoting behaviors.

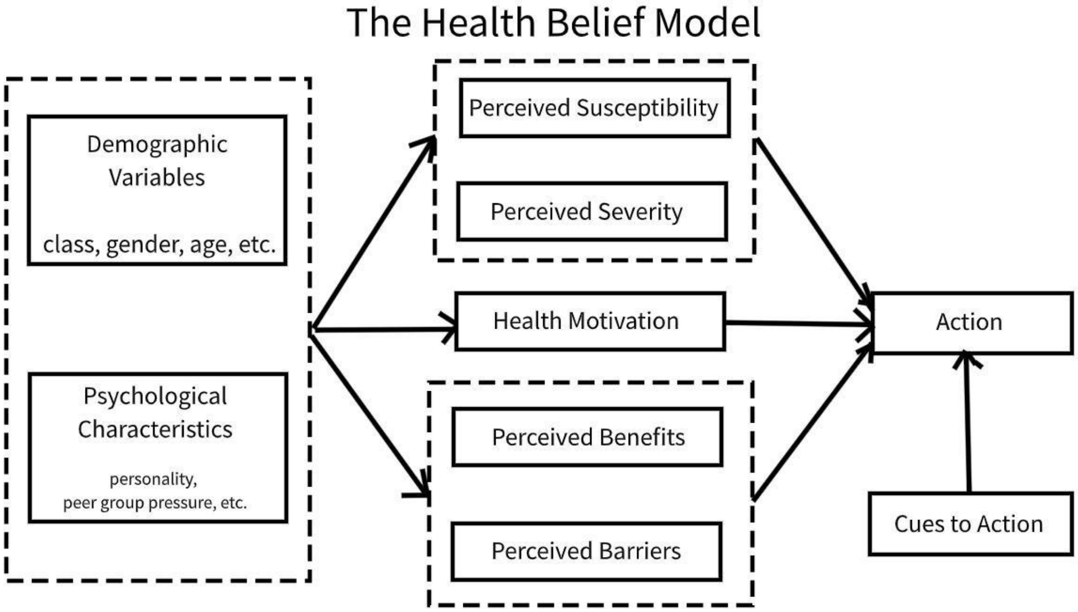


Fig. 2.1 Health Belief Model

2.3.1 Perceived Susceptibility And its Link to the study

The Health Belief Model (HBM) serves as a guiding framework for understanding health-related behaviors and the psychological factors that influence decision-making. One of the core constructs of the HBM is **perceived susceptibility**, which refers to an individual's belief about the likelihood or risk of acquiring a disease or health condition. It emphasizes that people are more likely to engage in preventive health behavior if they believe they are personally at risk or vulnerable.

In the context of this study, perceived susceptibility focuses on how University of Benin nursing students perceive the risk of epilepsy—either to themselves, their peers, or the broader population. This perception plays a significant role in shaping their motivation to learn about the condition, their openness to interact with epileptic patients, and their readiness to provide care without bias or fear.

A student who believes that epilepsy is a rare condition or something that cannot affect people close to them may show less interest in learning about it. On the other hand, those who perceive that epilepsy can affect anyone—regardless of age, status, or background—are more likely to take it seriously and seek out knowledge on how to manage it effectively. These students are also more likely to approach epileptic patients with empathy and understanding rather than fear or stigma.

Perceived susceptibility is influenced by multiple factors including cultural beliefs, previous exposure to epileptic patients, and educational background. In some cultural settings, epilepsy is seen as a spiritual or hereditary condition, and individuals may not see themselves at risk. Among nursing students, however, clinical exposure, classroom teaching, and personal experiences all contribute to shaping how susceptible they believe themselves or others are to the condition.

In previous studies, it has been shown that higher perceived susceptibility correlates with greater intention to learn and more proactive attitudes toward health conditions. For instance, nursing students who have witnessed seizures firsthand or cared for patients with epilepsy often report higher levels of awareness and sensitivity. This suggests that practical exposure and real-life encounters can raise a student's perceived susceptibility and, in turn, influence their behavior positively.

For this research, perceived susceptibility is directly linked to the knowledge and attitude of nursing students toward epileptic patients. Students who feel that epilepsy is a condition relevant to their field of practice are more likely to pay attention in lectures, ask questions during clinical rotations, and support patients with epilepsy in a socially inclusive way. In contrast, low perceived susceptibility may result in neglect, indifference, or even the reinforcement of societal myths and stigma.

By evaluating the level of perceived susceptibility among University of Benin nursing students, this study aims to uncover how personal risk perception influences the depth of knowledge they possess and the attitudes they display toward epileptic individuals. Ultimately, addressing misconceptions and increasing awareness through education can shift these perceptions, leading to improved patient care and better social integration for those living with epilepsy.

2.3.2 Perceived Severity in the Health Belief Model

Perceived severity is another core construct of the Health Belief Model (HBM). It refers to an individual's belief about the seriousness of contracting an illness or leaving it untreated, including both medical consequences (such as pain, disability, or death) and social consequences (such as stigma, isolation, or loss of status). This perception influences how motivated an individual is to engage in health-related behaviors, particularly those related to prevention and caregiving.

In the context of this study, perceived severity addresses how seriously nursing students at the University of Benin view epilepsy as a medical condition. If epilepsy is seen as a mild or inconsequential disorder, students may not prioritize learning about it or developing a supportive attitude toward epileptic patients. However, if the condition is recognized as having potentially life-threatening and socially damaging consequences, students are more likely to approach it with the seriousness it demands.

The perception of severity can be shaped by educational exposure, clinical experiences, cultural background, and personal beliefs. In some traditional settings, epilepsy may be misunderstood as a spiritual affliction rather than a neurological disorder. This can lead to either overestimation of its danger—causing fear and rejection of patients—or underestimation—resulting in neglect and lack of concern. Both extremes can hinder appropriate care and compassionate interaction.

Among nursing students, awareness of the dangers associated with unmanaged epilepsy—such as injury during seizures, the possibility of sudden unexpected death in epilepsy (SUDEP), and long-term cognitive or psychosocial effects—can contribute to a more realistic and empathetic perspective. Recognizing that epileptic patients often face not only health challenges but also discrimination, marginalization, and emotional trauma helps students understand the broader impact of the condition.

This study applies perceived severity as a lens to evaluate how deeply students understand the personal, clinical, and social burden of epilepsy. Students who perceive epilepsy as a condition with serious implications are more likely to show concern for seizure management, patient safety, and long-term care. They are also more likely to advocate for the rights of epileptic individuals and support initiatives that promote awareness and integration.

Furthermore, understanding the perceived severity among students allows educators and health professionals to tailor educational interventions. For instance, including real-life case studies, testimonies from patients, and practical training in seizure response can reinforce the significance of the condition and encourage a proactive attitude among future nurses.

In summary, perceived severity not only influences students' motivation to learn about epilepsy but also determines how respectfully and effectively they interact with epileptic patients. Acknowledging epilepsy as a serious and multidimensional health condition is essential for reducing stigma and improving the overall social well-being of those affected.

2.3.3 Perceived Benefits in the Health Belief Model

Perceived benefits refer to an individual's belief in the positive outcomes or advantages of engaging in a health-promoting behavior. Within the Health Belief Model (HBM), this construct emphasizes that people are more likely to take action if they believe that doing so will effectively prevent or reduce the impact of a health threat. Perceived benefits help individuals weigh the value of changing behavior against the potential consequences of inaction.

In relation to this study, perceived benefits focus on how University of Benin nursing students evaluate the usefulness of acquiring knowledge and developing positive attitudes towards epileptic patients. If students believe that learning about epilepsy will enhance their ability to provide effective care, reduce stigma, and promote patient well-being, they are more likely to engage in those learning behaviors and adopt supportive attitudes.

For example, students may perceive that understanding seizure first aid, recognizing early symptoms, or correcting misconceptions about epilepsy could improve clinical outcomes and reduce the fear associated with treating patients. Additionally, they may see benefits in advocating for the inclusion and social protection of people living with epilepsy—especially in environments where the condition is highly stigmatized.

Perceived benefits also extend to professional development. Nursing students who recognize the importance of comprehensive epilepsy education may believe it strengthens their competence and confidence in clinical practice. This belief can lead to a proactive approach in seeking information, participating in epilepsy-related workshops, and demonstrating empathy in patient interactions.

Educational interventions that highlight the benefits of accurate knowledge and inclusive attitudes have been found to significantly influence nursing students' behavior. When students are exposed to evidence-based practices and see the real-world impact of informed care, they are more likely to internalize the value of what they are learning. For example, seeing a patient stabilize due to correct seizure management can reinforce the importance of such knowledge.

This study views perceived benefits as a key determinant in shaping students' willingness to engage with epileptic patients. Those who understand that their knowledge and behavior can contribute to a better quality of life for patients are more inclined to act compassionately and professionally. Moreover, emphasizing these benefits in nursing curricula can increase students' motivation to learn and respond appropriately in real-life settings.

Overall, perceived benefits serve as a powerful driver of action. When students see the clear, positive outcomes of learning about epilepsy—both for themselves and for the patients they serve—they are more likely to overcome barriers, challenge societal misconceptions, and contribute meaningfully to the social well-being of epileptic individuals.

2.3.4 Perceived Barriers in the Health Belief Model

Perceived barriers refer to an individual's assessment of the obstacles that may prevent them from engaging in a recommended health behavior. This construct is a crucial component of the Health Belief Model (HBM) because, even when individuals recognize a health risk and believe in the benefits of action, they may still fail to act if they perceive significant barriers. These can be physical, emotional, social, cultural, or institutional in nature.

In the context of this study, perceived barriers focus on the hindrances that nursing students at the University of Benin might encounter in developing adequate knowledge of epilepsy or cultivating positive attitudes toward individuals living with the condition. Despite their training, these students may experience challenges that prevent them from fully engaging with epileptic patients or understanding the condition thoroughly.

Common barriers among nursing students may include:

- **Fear of seizures or lack of clinical confidence**, especially in managing epileptic emergencies,

- **Cultural misconceptions** that label epilepsy as a spiritual or contagious condition,
- **Negative societal attitudes** that discourage association with epileptic individuals,
- **Limited exposure** to epilepsy education within the nursing curriculum,
- **Stigma** related to mental health and neurological disorders in their communities,
- **Discomfort or anxiety** in dealing with unfamiliar or misunderstood health conditions. Such barriers can create emotional distance, reinforce stereotypes, and lead to avoidance behavior, even among future healthcare providers. For example, a student who has never seen a seizure may panic or respond inappropriately during one. Similarly, a student from a background where epilepsy is viewed as a curse may hesitate to touch or comfort an epileptic patient.

Moreover, the structure of the academic program itself can act as a barrier. If epilepsy is only briefly covered or not taught with practical relevance, students may not feel adequately prepared to deal with it in clinical practice. This lack of preparation can contribute to negative attitudes and low self-efficacy.

Understanding perceived barriers is essential to improving knowledge and attitudes toward epilepsy. For this reason, this study aims to explore the types and prevalence of barriers nursing students perceive and how these barriers influence their interactions with epileptic patients. Identifying these barriers can help nursing educators and curriculum developers implement strategies to overcome them—such as including simulation training, inviting guest speakers who live with epilepsy, or addressing cultural beliefs in health education.

By addressing perceived barriers, educational interventions can be designed not only to provide information but also to challenge stigma, correct misconceptions, and build the confidence of student nurses in managing epilepsy competently and compassionately.

In summary, perceived barriers represent one of the most influential constructs in the HBM because they can either delay or completely prevent the adoption of helpful behaviors—even when risk perception and benefits are clearly understood. Overcoming these barriers among nursing students is crucial to ensuring that epileptic patients receive dignified care and are fully included in society.

2.3.5 Cues to Action in the Health Belief Model

Cues to action represent the internal or external triggers that prompt an individual to adopt a new health behavior or make a behavioral change. Within the Health Belief Model (HBM), cues to action are vital in transforming perception into action. They do not directly influence health behaviors on their own but serve as motivational tools that stimulate individuals to act on their beliefs.

In the context of this study, cues to action refer to the events, experiences, or information sources that motivate nursing students at the University of Benin to improve their knowledge of epilepsy and demonstrate supportive attitudes toward individuals living with the condition. These cues can be categorized into two broad types: internal cues and external cues.

Internal cues may include personal reflections, emotional responses (such as fear, concern, or empathy), or memories of witnessing a seizure. For instance, a student who has seen a peer experience an epileptic episode in public or in the clinical setting may feel compelled to learn more about how to respond appropriately. Similarly, feelings of guilt, anxiety, or uncertainty following such events can serve as powerful motivators to seek out relevant information and training.

External cues include lectures, clinical postings, health campaigns, testimonies from people living with epilepsy, peer discussions, or content shared through social media and health education platforms. For example, a public seminar on epilepsy management, a documentary showing the life challenges faced by epileptic individuals, or a faculty-organized awareness campaign can serve as cues to action for nursing students.

In clinical education, structured simulations, case-based learning, and direct patient interactions also serve as effective cues. These experiences expose students to real-life contexts where theoretical knowledge must be applied. When students are given opportunities to observe, ask questions, and participate in care, they are more likely to develop a sustained interest in the condition and respond with empathy and confidence in real situations.

The effectiveness of cues to action also depends on their timing and relevance. A cue presented during a critical moment—such as during a course on neurological disorders or a ward rotation—can have a stronger impact than a general health lecture. Moreover, cues that are relatable and emotionally engaging are more likely to produce meaningful changes in perception and behavior.

This study considers cues to action as essential in determining what sparks students' interest in epilepsy and drives their learning behaviors. Nursing students who are exposed to strong cues may show greater levels of engagement, better retention of knowledge, and more inclusive attitudes toward patients. In contrast, students who lack such exposure may remain indifferent or unprepared to manage the condition.

By identifying the sources and frequency of cues to action among University of Benin nursing students, this study will help in recommending targeted strategies that educators and institutions can adopt. These may include incorporating epilepsy awareness weeks, inviting guest speakers living with epilepsy, embedding simulation exercises in the curriculum, or using digital platforms to share compelling stories and facts about the condition.

In summary, cues to action are the sparks that ignite change. They convert passive awareness into active behavior by compelling individuals to take responsibility, seek information, and act. For nursing students, effective cues to action can be the difference between uninformed detachment and compassionate, competent care.

2.3.6 Self-Efficacy in the Health Belief Model

Self-efficacy refers to an individual's belief in their own ability to perform a specific action successfully. It is the confidence people have in their capacity to execute behaviors necessary to produce desired outcomes. Although it was added later to the Health Belief Model (HBM), selfefficacy has since become a central component, especially in explaining and predicting behavior change in health-related settings.

In the context of this study, self-efficacy relates to the confidence of nursing students at the University of Benin in their ability to understand, manage, and interact with individuals living with epilepsy. It examines whether students believe they can effectively respond to seizures, provide adequate care, and offer psychosocial support without fear, discomfort, or hesitation.

Students with high self-efficacy are more likely to demonstrate initiative in learning about epilepsy, seek out resources, participate in practical training, and respond calmly and skillfully during seizure episodes. They are also more likely to challenge stigma, educate others, and form inclusive attitudes. On the contrary, students with low self-efficacy may doubt their ability to manage epileptic cases, avoid interaction with affected individuals, or default to cultural myths and misconceptions out of uncertainty or fear.

The development of self-efficacy is influenced by several factors:

- **Educational exposure**: Classroom instruction, clinical lectures, and case studies can build foundational confidence.
- **Hands-on practice**: Simulation exercises and supervised clinical rotations where students witness or manage seizure episodes are especially impactful.
- **Observational learning**: Watching instructors or peers manage epilepsy effectively

reinforces the belief that they too can handle similar situations.

- **Positive reinforcement**: Encouragement and feedback from faculty members can boost confidence and willingness to engage.

In environments where epilepsy is still misunderstood or stigmatized, students may experience a conflict between what they are taught and what they see in society. Self-efficacy helps bridge this gap by empowering students to act based on knowledge and professional standards rather than cultural bias or fear. It plays a transformative role by enabling students to apply their skills confidently in real-world settings.

This study applies self-efficacy as a critical lens through which to assess the readiness of nursing students to care for epileptic patients. It seeks to explore whether students feel prepared and capable of providing physical care, offering emotional support, and educating others—tasks that require both technical competence and interpersonal sensitivity.

Understanding students' self-efficacy levels will inform how nursing programs can better support skill development, increase exposure to epilepsy-related scenarios, and enhance the overall learning experience. Strengthening self-efficacy not only improves individual performance but also contributes to the broader goal of social inclusion and well-being for patients living with epilepsy.

In summary, self-efficacy is a powerful driver of behavior. When nursing students believe in their ability to make a positive difference in the lives of epileptic individuals, they are more likely to act with competence, compassion, and commitment—traits essential for both effective nursing practice and the promotion of inclusive healthcare.

2.3.7 Application of the HBM to This Study

The Health Belief Model is highly relevant to this study, which focuses on evaluating the knowledge and attitude of University of Benin nursing students toward epileptic patients. By applying the HBM framework, the research can explore how each construct influences the way students perceive and interact with individuals living with epilepsy.

For example, students who perceive epilepsy as severe and recognize their potential exposure to epileptic patients in clinical practice (high perceived susceptibility and severity) are more likely to seek knowledge and training (perceived benefits) and overcome traditional or cultural misconceptions (perceived barriers). If they have access to accurate information and practical experience (cues to action) and believe in their capacity to manage epileptic conditions (selfefficacy), they are more likely to develop positive attitudes and behave supportively.

Furthermore, using HBM as the theoretical foundation allows the study to identify which specific perceptions need to be targeted in future educational programs. It enables a systematic investigation into how nursing students' beliefs affect their willingness to support social inclusion, reduce stigma, and offer quality care to epileptic patients.

In conclusion, The Health Belief Model provides a robust and practical framework for understanding the psychological factors that influence health behaviors, particularly in educational and clinical contexts. Its constructs offer valuable insight into how beliefs, perceptions, and experiences shape nursing students' responses to epilepsy and those affected by it. When applied in the context of this study, the HBM not only explains why gaps in knowledge and attitude exist but also suggests pathways for addressing them through curriculum development, awareness campaigns, and hands-on training. Ultimately, this model supports the goal of cultivating a healthcare workforce that is both clinically competent and socially empathetic toward individuals living with epilepsy.

2.4 Empirical Review

2.4.1 Assessing the Level of Knowledge of Nursing Students on Epilepsy

Understanding the level of knowledge that nursing students possess about epilepsy is a critical first step in improving patient care and reducing stigma. Epilepsy, a neurological disorder characterized by recurrent seizures, requires not only clinical competence but also social sensitivity from healthcare providers, particularly nurses.

Recent empirical studies have investigated this issue in diverse settings. For example, a 2024 study by Yunus assessed 150 nursing students at the University of Basrah and found that 82% demonstrated good knowledge of epilepsy. However, significant knowledge gaps were noted in areas like life modification (56% showed poor knowledge) and understanding of status epilepticus (58.67% had poor knowledge). Female students performed better than their male counterparts, with 76% of females scoring well compared to 24% of males (Yunus, 2024).

Similarly, a 2021 cross-sectional study in Turkey by Aksoy and Büyükbayram showed moderate knowledge among undergraduate nursing students, with a mean Epilepsy Knowledge Scale score of 10.03. This descriptive and cross-sectional study was conducted with 369 nursing students , and more than half of the students (63.4%) were females. 32.2% of the students were third-year students, and the mean age was 21.36 ± 2.12 years. The mean scores obtained on the EKS and the EAS were 10.03 ± 33.21 and 56.39 ± 5.40, respectively. The study also found a significant positive correlation between knowledge and attitudes: students who had personal or clinical exposure to epilepsy had better knowledge and more positive attitudes (Aksoy & Büyükbayram, 2021).

In another study from Saudi Arabia, Alshehry et al. (2024) conducted psychometric testing to assess knowledge and awareness about epilepsy among nursing students. The results indicated that students who received prior education or briefing on epilepsy scored significantly higher than those who did not, highlighting the importance of structured educational interventions (Alshehry et al., 2024).

A study by Turan et al. (2021) in Turkey also reinforced the finding that nursing students' knowledge improved with exposure to epilepsy cases. Students in higher years of study, those from rural areas, and those with personal connections to epilepsy cases scored higher on knowledge assessments (Turan et al., 2021).

Current empirical evidence indicates that nursing students generally possess moderate knowledge of epilepsy, with variations influenced by gender, year of study, personal experience, and formal education. These findings underscore the need for enhanced curriculum content and practical exposure to bridge knowledge gaps and prepare nursing students for competent, empathetic care of patients with epilepsy.

2.4.2 Attitudes of Nursing Students Towards Epileptic Patients

Attitudes of nursing students towards patients with epilepsy play a critical role in shaping the care provided and can significantly influence the social inclusion and psychological well-being of individuals with epilepsy. A positive attitude not only enhances nurse-patient relationships but also reduces the stigma associated with the condition. In recent years, several studies have investigated how nursing students perceive and respond to individuals with epilepsy.

A cross-sectional study by Aksoy and Büyükbayram (2021) conducted among Turkish undergraduate nursing students found that while students generally held positive attitudes towards individuals with epilepsy, their attitude scores were significantly influenced by their level of knowledge and exposure to the condition. Students who had witnessed seizures, knew someone with epilepsy, or had previously cared for an epileptic patient demonstrated more favorable attitudes, had higher scores on the EKS, and displayed better knowledge toward epilepsy ($p < 0.05$).This suggests that experiential learning can play a crucial role in shaping student perceptions (Aksoy & Büyükbayram, 2021).

Similarly, Turan et al. (2021) reported a positive correlation between knowledge of epilepsy and attitude among 423 nursing students who were studying at a state university during the 2020–2021 academic year in Turkey. The nursing students had total mean scores of 46.95 ± 12.98, 6.94 ± 3.81, and 50.19 ± 8.47 for the HFS, EKS, and EAS, respectively. Their findings showed that students with higher knowledge levels exhibited more empathetic and socially inclusive attitudes toward people living with epilepsy. Socio demographic variables such as age, gender, and place of residence were also found to significantly influence attitudes, with female students and those from rural areas showing more positive dispositions. A significant positive correlation was found between age and the EKS score, whereas a significant negative correlation was found between age and the EAS score. (Turan et al., 2021).

In Iraq, Yunus (2024) highlighted that although 82% of nursing students had good knowledge of epilepsy, misconceptions still influenced attitudes. Students exhibited uncertainty or discomfort regarding life modifications for epileptics and responses during status epilepticus. This underlines that while factual knowledge is essential, targeted attitude-shaping interventions are equally important to foster holistic and non-discriminatory care environments (Yunus, 2024). A study by Alshehry et al. (2024) in Saudi Arabia found that providing brief educational materials significantly improved students' attitudes. Students who received foundational information about epilepsy responded with greater empathy and accuracy in understanding the challenges faced by patients, suggesting that simple, structured interventions can substantially improve attitudes (Alshehry et al., 2024).

In conclusion, empirical evidence from recent studies indicates that nursing students generally display moderately positive attitudes toward individuals with epilepsy, though these attitudes are closely tied to knowledge levels and personal experience. Increasing educational exposure and integrating real-life case studies into nursing curricula could significantly enhance empathy and reduce societal stigma around epilepsy.

2.4.3 Investigating the Relationship Between Knowledge of Epilepsy and Attitudes TowardsEpileptic Patients

The relationship between knowledge of epilepsy and attitudes toward people living with epilepsy has been extensively studied, especially within healthcare education. Nursing students' understanding of epilepsy significantly shapes their attitudes, which in turn affects how they interact with epileptic patients and advocate for their inclusion in healthcare and society.

Several empirical studies have found a strong positive correlation between knowledge and attitudes among nursing students. For instance, a study conducted by Aksoy and Büyükbayram (2021) in Turkey revealed that students with higher scores on the Epilepsy Knowledge Scale (EKS) also scored higher on the Epilepsy Attitude Scale (EAS). This positive correlation ($p < 0.05$) suggests that increased knowledge leads to more empathetic and accepting attitudes towards individuals with epilepsy. Students who had witnessed a seizure or had provided care for someone with epilepsy were especially likely to hold favorable views, underscoring the impact of direct exposure and education (Aksoy & Büyükbayram, 2021).

Turan et al. (2021) also found a statistically significant positive correlation between knowledge and attitudes among nursing students in their study. Students with higher knowledge about epilepsy were less likely to associate the disorder with mental illness or social incompetence. Moreover, factors such as personal relationships with someone who has epilepsy and prior training were associated with higher knowledge scores and more positive attitudes, reinforcing the idea that knowledge shapes perceptions and behavior (Turan et al., 2021).

Supporting this finding, a study by Alshehry et al. (2024) implemented a basic educational intervention on epilepsy among nursing students and found that post-intervention, students not only demonstrated improved knowledge but also more favorable attitudes toward epileptic patients. The results confirmed that even brief educational efforts could shift attitudes positively when combined with accurate information (Alshehry et al., 2024).

Yunus (2024) reported similar findings in a cross-sectional study at the University of Basrah. Although 82% of students had good overall knowledge of epilepsy, the study found that knowledge in specific areas—such as life adjustments for epilepsy—was limited. This partially explained persistent misconceptions, such as reluctance to engage in personal or professional relationships with individuals with epilepsy. Thus, even when general knowledge is high, gaps in specific content areas can hinder the development of truly inclusive attitudes (Yunus, 2024).

Empirical evidence consistently shows a strong positive relationship between the level of knowledge nursing students have about epilepsy and their attitudes toward those who suffer from it. This relationship highlights the importance of embedding comprehensive and experiential epilepsy education into nursing curricula to foster more compassionate, informed, and socially inclusive future healthcare professionals.

2.5 Summary of Literature Review

Recent research shows that nursing students generally have a decent understanding of epilepsy and tend to have positive attitudes towards patients with the condition. However, there are still some misunderstandings and gaps in their knowledge. This pattern seems to be common across various educational and cultural settings, pointing to a need for better epilepsy education in nursing programs.

A study by Aksoy and Büyükbayram (2021) found that Turkish nursing students with more knowledge about epilepsy also had more positive attitudes. Those who had experienced a seizure firsthand or cared for someone with epilepsy were more empathetic and understanding. This is backed by Turan et al. (2021), who noted that personal connections to people with epilepsy—through family or clinical experiences—boosted students' knowledge and attitudes. This emphasizes the importance of real-life experiences alongside classroom teaching.

Further evidence from Yu et al. (2022) also noted that where nurses work can shape their understanding of epilepsy. Nurses in neurology or epilepsy-focused departments tended to have a better grasp of the condition and were more sensitive to patients' needs. This suggests that being close to patients and getting specialized training really helps improve healthcare workers' views. Furthermore, simulation training has been shown to help nursing students feel more confident and have better attitudes when it comes to managing seizures. Kahraman et al. (2021) found a notable improvement in students' attitudes about managing epilepsy cases after receiving simulation-based training. This points to the idea that getting hands-on practice is just as important as theory.

Still, studies show that some barriers remain. Factors like gender, academic year, and limited course content about epilepsy influence knowledge and attitudes (Aksoy & Büyükbayram, 2021; Turan et al., 2021). For example, female students often perform better, possibly due to greater empathy, while first-year students tend to know less, stressing the need to introduce epilepsy topics early in nursing education.

Also, the connection between knowledge and social outcomes is important. Nursing students who understand epilepsy well and hold positive attitudes are more likely to support the social inclusion of individuals with the condition. This shows how crucial it is to enhance nursing education—not just for better clinical care but also for advocating for patients' dignity and social well-being.

Overall, the research indicates a clear link between knowledge, attitude, and behavior among nursing students regarding epilepsy. While attitudes are mostly positive, there are still knowledge gaps and misconceptions that need to be addressed. It's clear that there should be improvements to the curriculum, especially focusing on practical experiences and early exposure to the topic. These insights are vital for shaping educational approaches at places like the University of Benin to build both clinical skills and social advocacy among future nurses.

The Health Belief Model also provides a useful framework for understanding how nursing students' perceptions of epilepsy influence their attitudes and behaviors. The findings from previous studies underscore the importance of addressing knowledge gaps and misconceptions through targeted educational programs to improve the social well-being of epileptic patients

2.6 Conclusion

This chapter has reviewed relevant empirical, theoretical, and conceptual literature on the knowledge and attitudes of healthcare providers, specifically nursing students, toward epilepsy. The review has highlighted the importance of education in shaping positive attitudes and improving the quality of care for epileptic patients. The next chapter will present the research methodology, which will explore these issues in the context of University of Benin nursing students.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research Design

This study adopted a descriptive cross-sectional survey design. A cross-sectional survey was appropriate for assessing participants' knowledge and attitudes at a single point in time, without manipulating any variables. This design enabled the researcher to gather data from a sample of nursing students at the University of Benin in order to evaluate their level of knowledge and attitudes toward epileptic patients, as well as the perceived implications for patients' social wellbeing.

The descriptive nature of the study allowed for the observation and reporting of natural occurrences within the sample population, while the cross-sectional format facilitated efficient data collection within a limited time frame. Additionally, this design was suitable for identifying patterns or associations between students' knowledge levels, their attitudes, and how these may influence the social experiences of individuals with epilepsy.

This methodological approach is commonly used in nursing and public health research to assess health-related beliefs, especially when applying frameworks such as the Health Belief Model. Since the study aimed to inform educational strategies and promote social inclusion, a crosssectional descriptive design provided valuable insights that reflect current perspectives among the target population.

3.2 Research Setting

The proposed study was conducted at the University of Benin, located in Benin City, Edo State, in the southern region of Nigeria. Established in 1970, the University of Benin is one of Nigeria's foremost federal universities and is recognized for its robust academic programs and diverse student population. The study specifically targeted the Department of Nursing Science within the Faculty of Basic Medical Sciences, which is situated at the Ugbowo Campus of the university.

Benin City is a densely populated urban center with a mix of traditional and modern lifestyles. It hosts a wide range of health facilities, including the University of Benin Teaching Hospital (UBTH), which serves as the primary clinical training site for nursing and medical students. The university offers both theoretical and clinical training to nursing students, exposing them to various health conditions, including neurological disorders such as epilepsy.

The University of Benin's Nursing Department was ideal for this study because of its structured academic curriculum and clinical exposure framework. These characteristics made it a relevant setting for assessing the knowledge and attitudes of nursing students regarding epilepsy, especially given the cultural, educational, and clinical influences that may shape students' perceptions.

The academic environment and student diversity at the University of Benin provided a rich context for examining how various demographic and educational factors influence nursing students' understanding of epilepsy and their attitudes toward affected individuals.

3.3 Target Population

The target population for this study consist of undergraduate nursing students enrolled in the 200 to 500 levels at the Department of Nursing Science, University of Benin. These students were selected because they are expected to have acquired varying degrees of theoretical knowledge and clinical exposure to neurological conditions such as epilepsy, which are critical for evaluating their knowledge and attitudes towards epileptic patients.

The distribution of the target population across academic levels is as follows:

200 Level – 177 students

300 Level – 190 students

400 Level – 174 students

500 Level – 160 students

This brings the total target population to 701 nursing students. First-year students (100 level) were excluded from the study because they are typically still engaged in general science courses and may not have had any formal exposure to nursing theories or clinical practice relevant to epilepsy.

Targeting students across multiple academic levels provided a comprehensive understanding of how knowledge and attitudes may vary with academic progression and clinical experience. Prior studies have shown that nursing students' exposure to clinical environments and health education influences their perceptions of neurological disorders such as epilepsy.

3.4 Sampling

The sample size for this study was determined using Yamane's (1967) formula for calculating sample size from a finite population. This method is suitable for descriptive survey research and allows for an acceptable level of precision in estimating population parameters (Turan et al., 2021). The formula is stated as:

n = ______

Where:

n = required sample size

N = population size

e = level of precision (0.05)

The total target population for this study consist of 701 nursing students, distributed across academic levels as follows:

200 Level – 177 students

300 Level – 190 students

400 Level – 174 students

500 Level – 160 students

$n = \frac{}{} \quad \frac{}{} \quad \frac{}{} \quad \frac{}{} \quad 255$

To account for potential non-response or incomplete data, a 10% adjustment will be added to the calculated sample size:

10% of 255 = 25.5

Which is 255 + 26 = 281

Thus, the final sample size was 281 respondents. This adjustment is consistent with research best practices to mitigate the risk of data loss and ensure adequate statistical power for analysis.

To ensure fair representation across all academic levels, proportionate stratified sampling was used to allocate the 281 participants as follows:

- **200 Level**: $\frac{}{} \times 281 \quad 71$
- **300 Level:**$\frac{9}{} \times 281 \quad 76$
- **400 Level:**$\frac{4}{} \times 281 \quad 70$
- **500 Level:**$\frac{6}{} \times 281 \quad 64$

This stratification technique ensured that each academic level is represented proportionally in the sample, which is essential for exploring how level of training may influence knowledge and attitudes toward epilepsy.

3.5 Sampling Technique

The sampling technique employed in this study was the proportionate stratified random sampling method. This technique is appropriate when a population is naturally divided into subgroups (strata), such as academic levels, and ensures that each stratum is represented proportionally in the final sample. Given the hierarchical structure of the target population (200–500 level nursing students), this method enhanced representativeness and reduced sampling bias.

The population of nursing students at the University of Benin was stratified based on academic level as follows:

200 Level – 177 students

300 Level – 190 students

400 Level – 174 students

500 Level – 160 students

From a total population of 701 students, a sample of 281 students was drawn using proportional allocation, ensuring that each level contributed respondents based on its relative size within the total population. Within each stratum, simple random sampling was used to select participants, allowing every student an equal chance of being chosen.

This approach enabled the researcher to obtain a sample that accurately reflected the composition of the nursing student population, which was critical for examining level-specific variations in knowledge and attitudes toward epileptic patients.

Inclusion Criteria

The following inclusion criteria guided participant selection:

- Students must be enrolled in the 200 to 500 levels of the nursing program at the University of Benin.
- Students must have completed at least one clinical posting, ensuring some degree of exposure to patient care.
- Participants must consent voluntarily to take part in the study.
- Students must be available and present during data collection.
- This stratified and randomized approach, coupled with well-defined inclusion criteria, strengthened the reliability and generalizability of the study findings.

3.6 Instruments for Data Collection

A structured self-administered questionnaire was used as the primary instrument for data collection in this study. This type of instrument is widely utilized in cross-sectional studies for its efficiency in collecting standardized information across large samples. The questionnaire was designed to evaluate the knowledge, attitudes, and perceived social implications related to epilepsy among nursing students.

The instrument consisted of four sections:

Section A: Demographic Information – This section contained approximately 6 items aimed at capturing participants' age, gender, academic level, religion, previous exposure to epileptic patients, and source of epilepsy-related information.

Section B: Knowledge of Epilepsy – This section included 12 multiple-choice questions designed to assess respondents' understanding of epilepsy's causes, symptoms, treatment, and management strategies. Questions were based on existing validated tools used in similar studies to ensure relevance and comparability.

Section C: Attitudes Toward Epileptic Patients – This section consists of 10 items using a 5-point Likert scale ranging from –Strongly Disagree‖ to –Strongly Agree.‖ Items were used to measure students' perceptions, biases, and willingness to interact or care for individuals with epilepsy.

Section D: Perceived Social Implications – This final section included 7 items addressing how respondents believe epilepsy affects patients' social relationships, employment opportunities, and overall quality of life. Items also followed a Likert-scale format to capture degrees of agreement or disagreement. The questionnaire was adapted from previously validated instruments and modified where necessary to reflect the cultural and academic context of the University of Benin. Its design focused on simplicity, clarity, and comprehensiveness to enhance response accuracy and participation rates.

This instrument was printed and distributed in paper format for ease of administration during lecture periods and departmental meetings.

3.7 Validity Of Instrument

To make sure the data collection tool is accurate and suitable, the questionnaire for this study undergone checks for face validity and content validity before it was used.

For face validity, we reviewed the questionnaire to see if it was clear, easy to read, and relevant to what we're researching. A group of three experts from nursing education and neurological health looked over it to ensure it looks like it measures what it should. These experts came from the Department of Nursing Science and the University of Benin Teaching Hospital.

We also checked content validity to confirm that the questionnaire covered all parts of what we are trying to measure—specifically, knowledge, attitudes, and perceptions about social well-being related to epilepsy. This involved matching the questions against our study goals and items from previous validated surveys. Suggestions from the experts about language, cultural fit, or relevance were used to refine the tool for our study group.

Content validation followed recent research that highlights the importance of expert input to improve the accuracy and cultural sensitivity of health questionnaires. Based on their feedback, we tweaked the structure, wording, and order of questions to make the questionnaire as effective as possible.

The aim here was to make sure the final questionnaire was both reliable and suitable for nursing students in a Nigerian university.

3.8 Reliability of Instrument

To ensure the reliability and consistency of the questionnaire, there was a pilot study that measured the reliability of the instrument before its use within the main study population. In this case, reliability is the level at which the instrument can measure consistently and repeatedly under the same circumstances. The pilot study involved 26 students from Benson Idahosa University, Benin City. Participants in the pilot test were excluded from the final study. Internal consistency of the questionnaire in relation to pilot test data was established using the Cronbach's alpha measure. The analysis was done separately for each section of the questionnaire with cronbachs alpha values of 0.81, 0.78, and 0.83 in knowledge of epilepsy, attitude towards epileptic patients, and perceived social implications respectively.

Cronbach's alpha is the routine statistic measure utilized in determination of the level at which the scale items are related with one another, thereby the reliability of the measure. A measure of alpha equaling at least ≥ 0.70 was seen indicating acceptable to good internal consistency for the needs of this research, in concurrence with norms utilized in the performance of research in healthcare today.

When any of the sections of the tool fell below the acceptable level of Cronbach’s alpha, those concerned items were examined, revised, or removed for enhanced overall reliability for the questionnaire. The activity was repeatedly conducted in order to ensure the finalized tool is not just reliable but is in addition stable in measuring students' knowledge, attitude, and social perceptions towards epilepsy.

3.9 Method of Data Collection

Data for this study was collected using a structured, self-administered questionnaire, as described earlier. The researcher adopted an online and face-to-face distribution approach, ensuring that the instrument reaches a wide and representative sample of nursing students across the 200 to 500 levels at the University of Benin. This method has been shown to improve response rates and data quality, especially in academic environments.

The questionnaire was administered during scheduled lecture periods and departmental gatherings with the permission of faculty members. Prior to distribution, the researcher explained the purpose of the study and obtained verbal and written informed consent from participants. The estimated time for completion of the questionnaire was approximately 15–20 minutes, ensuring minimal disruption to academic activities. The data collection process spanned a period of three weeks, allowing sufficient time for all targeted students to participate. Reminders were given to encourage full participation, and follow-up sessions were scheduled for students who are unavailable during the initial distribution. Based on the sample size calculation, a total of 281 questionnaires were distributed. The researcher retrieved a minimum of 250 completed and usable responses, which corresponds to an acceptable response rate for survey-based studies.

Completed questionnaires were collected immediately after completion or within an agreed timeframe to reduce loss and ensure data integrity. All responses were reviewed for completeness before analysis. Data was then securely stored for entry into statistical software for analysis.

The face-to-face administration of the instrument was expected to facilitate clarification of any ambiguities in the questions and promote honest responses, thereby improving the reliability of the data collected.

3.10 Method of Data Analysis

Data obtained from the completed questionnaires were subjected to both descriptive and inferential statistical analysis using the Statistical Package for the Social Sciences (SPSS) version 26. This software was used for data entry, cleaning, coding, and analysis, as it is widely accepted in health and social science research for its accuracy and ease of use.

First, descriptive statistics were employed to summarize the demographic characteristics of respondents and their responses to knowledge, attitude, and social well-being items. These included frequencies, percentages, means, and standard deviations, which helped in identifying patterns and distribution of variables across the sample population.

To assess the relationship between knowledge, attitude, and perceived implications on social well-being, inferential statistical techniques was used. Specifically:

- The Chi-square test **(χ^2)** was applied to examine associations between categorical variables such as academic level and attitude scores.
- Pearson's correlation coefficient was used to determine the strength and direction of the relationship between continuous variables like knowledge and attitude scores.
- Where applicable, t-tests or ANOVA was employed to compare mean scores between subgroups (e.g., gender, exposure to epileptic patients).

All tests were conducted at a 95% confidence level, and a p-value of less than 0.05 was considered statistically significant. This threshold is standard in health-related studies and helped determine whether observed relationships in the data are meaningful.

3.11 **Ethical Consideration**

Ethical approval for this study was obtained from the Ethics and Research Committee of the University of Benin**.** This ensured that the study complies with institutional guidelines and international ethical standards for research involving human participants.

Before data collection began, the researcher submitted the research proposal, study instrument, and informed consent form to the ethics committee for review. Only after receiving formal approval was the data collection process commenced.

Informed consent was obtained from all participants prior to their inclusion in the study. Each participant was provided with an explanation of the study's purpose, procedures, voluntary nature of participation, and the right to withdraw at any time without penalty. The researcher also explained that no risks or physical harm are associated with participation in the study.

To ensure confidentiality and anonymity, the questionnaire did not request any identifying personal information such as names, matriculation numbers, or contact details. All responses were kept strictly confidential and used solely for academic and research purposes. Data was securely stored, and access was limited to the researcher and academic supervisors.

The principle of respect for persons guided the study, ensuring that participants' autonomy is protected and that their dignity is upheld throughout the research process. Participation was completely voluntary, and no form of coercion or undue influence was applied.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

This chapter expresses the presentation and interpretation of the results obtained

4.1 Socio-demographic Profile

Table 4.1: Socio-demographic Profile

Variable	Frequency	Percentage (%)
Age Group		
15-19	72	25.6
20-24	113	40.2
25-29	85	30.2
30-34	5	1.8
35 and above	6	2.1
Gender		
Male	95	33.8
Female	186	66.2
Level of Study		
200 Level	69	24.6
300 Level	58	20.6
400 Level	83	29.5
500 Level	71	25.3
Religion		
Christianity	229	81.5
Islam	52	18.5
Traditional	-	0.0
Other (please specify)	-	0.0
Have you ever witnessed a seizure?		
Yes	136	48.4
No	145	51.6
Have you received formal teaching about epilepsy?		
Yes	201	71.5
No	80	28.5

Table 4.1 above presents the socio-demographic profile of the undergraduate nursing students who participated in the study. A total of 281 students were surveyed from the Department of Nursing Science at the University of Benin, ranging from 200 to 500 academic levels. The age distribution of participants showed that the majority were between 20 to 24 years old (40.2%), followed by those in the 25 to 29 age group (30.2%). Participants aged 15 to 19 years comprised 25.6%, while those aged 30 to 34 and 35 and above constituted 1.8% and 2.1%, respectively. This distribution reflects a typical undergraduate nursing cohort, with the majority falling within the young adult age bracket. In terms of gender, the sample consisted of 186 females (66.2%) and 95 males (33.8%), indicating a female-dominated population consistent with trends in nursing education both locally and globally. The academic level distribution revealed relatively balanced representation across the four study levels: 400 level students formed the largest group (29.5%), followed by 500 level (25.3%), 200 level (24.6%), and 300 level (20.6%). This stratified representation ensures a comprehensive understanding of knowledge and attitude trends across academic progression. Regarding religion, Christianity was the most represented faith (81.5%), while Islam accounted for 18.5%. No participants identified with Traditional religion or Other faiths, indicating a predominantly Christian and Muslim composition within the nursing student body. When asked about prior experience with epilepsy, 136 respondents (48.4%) reported having witnessed a seizure, while 145 (51.6%) had not. This near-equal split offers insight into varying exposure levels to real-life manifestations of epilepsy. Furthermore, 201 students (71.5%) indicated they had received formal teaching about epilepsy, whereas 80 (28.5%) had not. This highlights a significant proportion of students who had academic or clinical exposure to the topic, which may influence their knowledge and attitudes toward epileptic patients.

4.2 Knowledge of Epilepsy

Question 1: Epilepsy is caused by

Table 4.2: Causes of Epilepsy

Item	Frequency	Percentage (%)
Evil Spirit	0	0.0
Brain disorder	212	75.5
Hereditary curse	32	11.4
I don’t know	37	13.2
Total	**281**	**100.0**

Most students correctly identified brain disorder (75.5%) as the cause of epilepsy. A minority believed it was caused by a hereditary curse (11.4%) or expressed uncertainty (I don't know – 13.2%), while none attributed it to evil spirits—suggesting a generally informed understanding of the condition's medical basis

Question 2: Which of the following best describes epilepsy?

Table 4.3: Description of Epilepsy

Item	Frequency	Percentage (%)
Mental illness	40	14.2
A neurological disorder	195	69.4
Infectious disease	46	16.4
Spiritual attack	0	0.0
Total	**281**	**100.0**

A majority (69.4%) correctly defined epilepsy as a neurological disorder, but some confusion remains as 16.4% considered it an infectious disease and 14.2% mistook it for a mental illness.

None associated it with spiritual attack, indicating a shift away from cultural misconceptions.

Question 3: Which of the following is a symptom of epilepsy?

Table 4.4: Symptom of Epilepsy

Item	Frequency	Percentage (%)
Persistent cough	15	5.3
Sudden, recurrent seizures	233	82.9
High fever	28	10.0
Diarrhea	5	1.8
Total	**281**	**100.0**

An overwhelming majority (82.9%) correctly identified sudden, recurrent seizures as a symptom of epilepsy. However, a small fraction still associated unrelated symptoms like persistent cough (5.3%), high fever (10.0%), and diarrhea (1.8%), showing room for improvement in symptom recognition.

Question 4: Can epilepsy be treated with medication?

Table 4.5: Treatment of Epilepsy

Item	**Frequency**	**Percentage (%)**
Yes	205	73.0
No	19	6.8
I don't know	57	20.3
Total	281	100.0

Most students (73.0%) knew epilepsy can be treated with medication, though 20.3% remained unsure and 6.8% wrongly believed it cannot be treated—highlighting the need for stronger education on treatment efficacy

Question 5: Is epilepsy contagious?

Table 4.6: Contagious effect of Epilepsy

Item	**Frequency**	**Percentage (%)**
Yes	21	7.5
No	216	76.9
Not sure	44	15.7
Total	**281**	**100.0**

The majority (76.9%) correctly understood that epilepsy is not contagious, while 7.5% wrongly believed it is, and 15.7% were unsure. This shows progress in correcting common myths but also signals that misinformation still exists

Question 6: During a seizure, it is appropriate to?

Table 4.7: Response to seizures

Item	Frequency	Percentage (%)
Put a spoon in the person’s mouth	15	5.3
Hold them down	42	14.9
Clear the area and turn them on their side	217	77.3
Sprinkle water on them	7	2.5
Total	**281**	**100.0**

The majority (77.3%) knew the correct action is to clear the area and turn the person on their side. However, 14.9% would wrongly attempt to hold them down, 5.3% would use a spoon (a dangerous myth), and 2.5% would sprinkle water—indicating persistence of unsafe practices among a minority.

Question 7: What is the first thing to do when someone is having a seizure?

Table 4.8: First response to seizure

Item	Frequency	Percentage (%)
Run away	0	0.0
Give them water immediately	9	3.2
Protect them from injury	261	92.9
Restrain them	11	3.9
Total	**281**	**100.0**

Most participants (92.9%) knew the first step is to protect the individual from injury, while a few (3.2%) suggested giving water, and 3.9% believed in restraining them. None suggested running away, which is encouraging.

Question 8: Can epilepsy be managed without medical treatment?

Table 4.9: Management of epilepsy without medical treatment

Item	**Frequency**	**Percentage (%)**
Yes	8	2.8
No	230	81.9
Not sure	43	15.3
Total	**281**	**100.0**

A strong majority (81.9%) understood that medical treatment is necessary, while 15.3% were unsure and

2.8% believed otherwise—suggesting the importance of reinforcing modern medical understanding.

Question 9: Is it safe for epileptic patients to live normal lives with treatment?

Table 4.10: Living of epileptic patients

Item	Frequency	Percentage (%)
Yes	243	86.5
No	14	5.0
Not sure	24	8.5
Total	**281**	**100.0**

Most respondents (86.5%) believed that with treatment, epileptic patients can live normal lives, reflecting positive attitudes. Only a small portion disagreed (5.0%) or were unsure (8.5%)

Question 10: Do you think epilepsy can affect academic performance?

Table 4.11: Academic performance of epileptic persons

Item	Frequency	Percentage (%)
Yes	165	58.7
No	85	30.2
Not sure	31	11.0
Total	**281**	**100.0**

More than half (58.7%) believed epilepsy can affect academic performance, while 30.2% disagreed, and 11.0% were uncertain. This reflects a mixed understanding of the social and cognitive impacts of epilepsy.

Question 11: Can epilepsy be inherited genetically?

Table 4.12: Inheriting of epilepsy

Item	Frequency	Percentage (%)
Yes	63	22.4
No	163	58.0
Not sure	55	19.6
Total	**281**	**100.0**

Only 22.4% recognized the potential genetic link, while a majority (58.0%) did not believe it can be inherited, and 19.6% were unsure—suggesting a need for education on epilepsy's etiology.

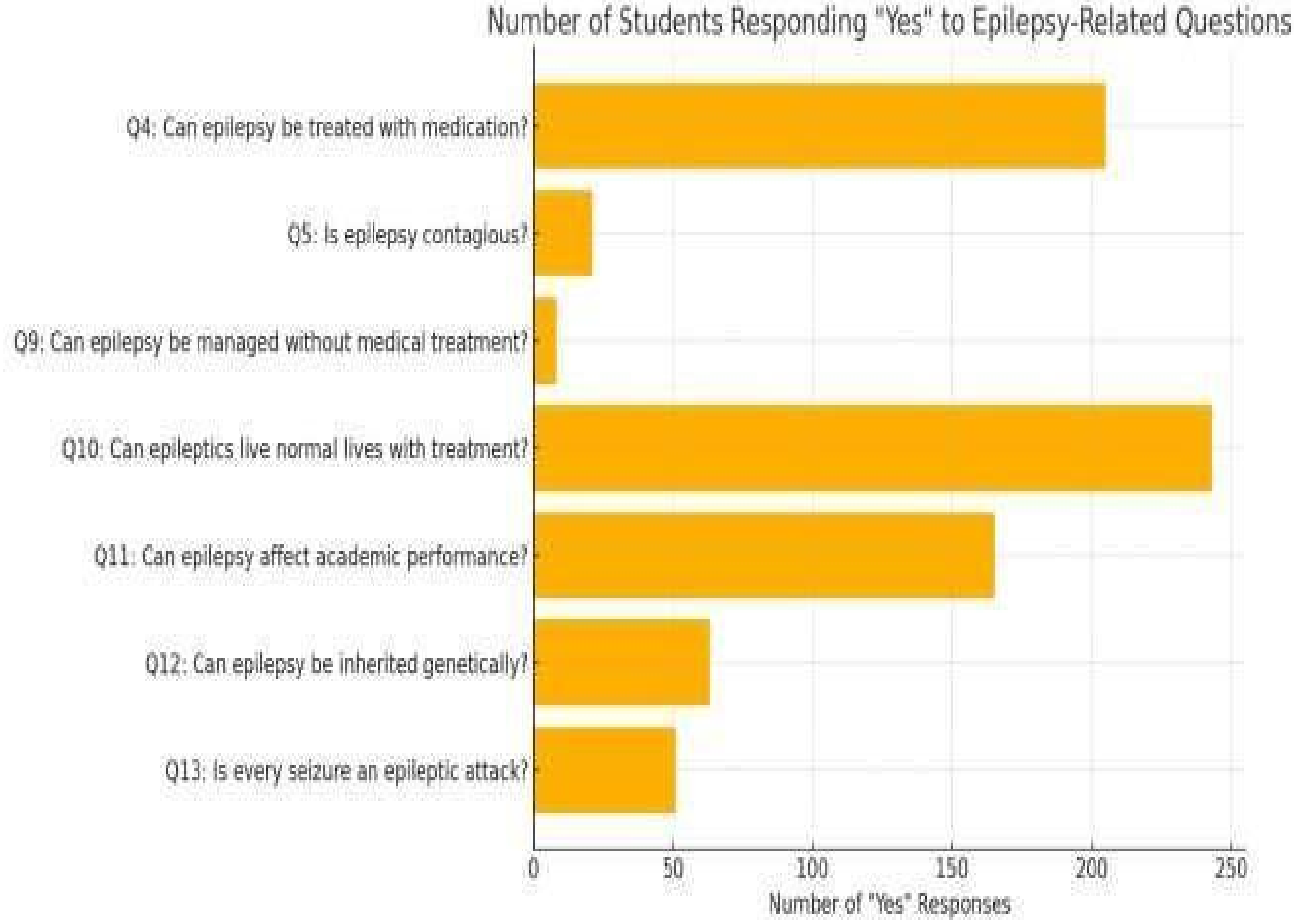
Question 12: Do you think every seizure is an epileptic attack?

Table 4.13: Causes of seizure

Item	Frequency	Percentage (%)
Yes	51	18.1
No	183	65.1
Not sure	47	16.7
Total	**281**	**100.0**

A majority (65.1%) correctly understood that not all seizures are epileptic, while 18.1% believed otherwise and 16.7% were uncertain—pointing to moderate understanding of differential diagnosis.

Students' Affirmative Responses to Key Epilepsy-Related Knowledge Questions



The bar chart illustrates the number of nursing students who responded "Yes" to selected epilepsy-related knowledge questions.

From the chart:

- The highest number of "Yes" responses was recorded for the question "Can epileptic patients live normal lives with treatment?" with 243 students, reflecting strong awareness of the effectiveness of treatment in restoring quality of life. o This was followed by "Can epilepsy be treated with medication?" (205 students), indicating a solid understanding of medical management.
- A moderate number (165) believed epilepsy could affect academic performance, showing some recognition of its social and cognitive implications.
- Far fewer students responded "Yes" to "Can epilepsy be inherited genetically?" (63) and "Is every seizure an epileptic attack?" (51), revealing substantial knowledge gaps in epilepsy etiology and differential diagnosis.
- The lowest "Yes" responses were seen in "Can epilepsy be managed without medical treatment?" (8) and "Is epilepsy contagious?" (21), suggesting better awareness in these specific areas where misconceptions were rejected.

4.3 Attitude Towards Epileptic Patients

Table 4.14: Attitude Towards Epileptic Patients

S/N	Item	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Std. Dev.
1	I feel comfortable interacting with a person who has epilepsy.	47 (16.7%)	107 (38.1%)	61 (21.7%)	42 (14.9%)	24 (8.5%)	3.40	1.18
2	I would be willing to assist someone having a seizure.	73 (26.0%)	98 (34.9%)	59 (21.0%)	39 (13.9%)	12 (4.3%)	3.64	1.13
3	People with epilepsy should not be employed.	9 (3.2%)	13 (4.6%)	67 (23.8%)	139 (49.5%)	53 (18.9%)	2.24	0.92
4	Epileptic patients are dangerous and unpredictable.	11 (3.9%)	21 (7.5%)	83 (29.5%)	115 (40.9%)	51 (18.1%)	2.38	0.99
5	I would sit next to an epileptic patient in class.	66 (23.5%)	109 (38.8%)	52 (18.5%)	38 (13.5%)	16 (5.7%)	3.61	1.15
6	I would marry someone with epilepsy.	12 (4.3%)	28 (10.0%)	79 (28.1%)	133 (47.3%)	29 (10.3%)	2.51	1.00
7	I believe epilepsy is a form of punishment.	8 (2.8%)	18 (6.4%)	69 (24.6%)	126 (44.8%)	60 (21.4%)	2.25	0.94
8	I am afraid to be alone with someone who has epilepsy.	14 (5.0%)	37 (13.2%)	81 (28.8%)	104 (37.0%)	45 (16.0%)	2.53	1.05
9	I would treat an epileptic patient with the same respect as others.	123 (43.8%)	129 (45.9%)	18 (6.4%)	5 (1.8%)	6 (2.1%)	4.27	0.90
10	Epileptic patients should be isolated during a seizure.	14 (5.0%)	24 (8.5%)	79 (28.1%)	124 (44.1%)	40 (14.2%)	2.46	0.94

Criterion mean ≥3 0 is accepted; <3 0 is rejected

Table 4.15: Interpretation of Attitudes Toward People with Epilepsy

S/N	Item	Mean	Decision	Interpretation
1	I feel comfortable interacting with a person who has epilepsy.	3.40	Accepted	Respondents generally feel **comfortable** interacting with epileptic persons.
2	I would be willing to assist someone having a seizure.	3.64	Accepted	There is a **strong willingness** among students to assist during seizures.
3	People with epilepsy should not be employed.	2.24	Rejected	Students **disagree** with the notion that epileptics should be unemployed.
4	Epileptic patients are dangerous and unpredictable.	2.38	Rejected	Respondents **reject** the stereotype of epileptics being dangerous.
5	I would sit next to an epileptic patient in class.	3.61	Accepted	Most students are **comfortable sharing** space in class with epileptic peers.
6	I would marry someone with epilepsy.	2.51	Rejected	Respondents are **reluctant** to marry someone with epilepsy.
7	I believe epilepsy is a form of punishment.	2.25	Rejected	The **myth of epilepsy as punishment** is largely rejected by students.
8	I am afraid to be alone with someone who has epilepsy.	2.53	Rejected	Most students are **not afraid** to be alone with an epileptic person.
9	I would treat an epileptic patient with the same respect as others.	4.27	Accepted	Respondents show a **strong positive respect** toward epileptic patients.
10	Epileptic patients should be isolated during a seizure.	2.46	Rejected	The majority **oppose isolating** epileptics during seizures.

The tables above present the attitudes of nursing students toward individuals with epilepsy, interpreted using a criterion mean of 3.0. Items with a mean score of ≥3.0 are considered accepted (positive attitude), while those <3.0 are rejected (negative attitude). Five out of ten items were accepted, indicating a generally favorable disposition among respondents toward people with epilepsy. The highest mean score was recorded for the statement ―I would treat an epileptic patient with the same respect as others‖ (Mean = 4.27), reflecting a strong consensus of respect and dignity. Similarly, students showed a positive willingness to interact (Mean = 3.40), assist during seizures (Mean = 3.64), and sit beside epileptic patients in class (Mean = 3.61), demonstrating empathy and inclusion. Conversely, five items were rejected, indicating persistent negative perceptions in some areas. Notably, low means were observed for statements suggesting willingness to marry someone with epilepsy (Mean = 2.51) or dispel myths, such as epilepsy being a form of punishment (Mean = 2.25). The belief that epileptics are dangerous and unpredictable (Mean = 2.38) and fear of being alone with them (Mean = 2.53) further underscore lingering misconceptions and stigma. The item –Epileptic patients should not be employed‖ was also rejected (Mean = 2.24), suggesting most respondents disagree with discrimination in employment, though the existence of some agreement reveals areas where attitudes could be improved.

4.4 Test for Hypothesis

1. **Relationship between knowledge of epilepsy and attitudes toward epileptic patients among nursing students at the University of Benin?**

Findings:

The Pearson correlation analysis between knowledge and attitude produced a correlation coefficient (r) of 0.267 and a p-value of 0.002. This p-value is less than 0.05, indicating a **statistically significant positive relationship** between knowledge and attitude toward epileptic patients.

Conclusion:

There **is** a significant relationship between knowledge of epilepsy and attitudes toward epileptic patients. Therefore, **Hypothesis 1 is rejected** .

2. **Relationship between nursing students' knowledge and attitudes and the impact on the social well-being of epileptic patients?**

Findings:

The Pearson correlation between knowledge and social well-being showed r = 0.150 and p = 0.072, while attitude and social well-being showed r = 0.113 and p = 0.170. Both p-values are greater than 0.05, indicating **no statistically significant relationship**.

Conclusion:

There is **no significant relationship** between nursing students’ knowledge or attitudes and the social well-being of epileptic patients. Therefore, **Hypothesis 2 is accepted** .

Table 4.18 Pearson Correlation Between Knowledge and Attitude Towards Epileptic Patients

Variables	r-value	p-value
Knowledge vs Attitude	0.267	0.002

Interpretation:

There is a statistically significant positive relationship between nursing students' knowledge of epilepsy and their attitudes toward epileptic patients ($p < 0.05$).

Decision: Hypothesis 1 is rejected.

Conclusion: As knowledge increases, attitude becomes more positive.

Table 4.19 Pearson Correlation Between Knowledge and Social Well-being of Epileptic Patients

Variables	r-value	p-value
Knowledge vs Social Well-being	0.150	0.072

Interpretation:

There is no statistically significant relationship between knowledge of epilepsy and the perceived impact on social well-being of epileptic patients ($p > 0.05$).

Decision: Hypothesis 2 (first part) is accepted.

Table 4.20: Pearson Correlation Between Attitude and Social Well-being of Epileptic Patients

Variables	r-value	p-value
Attitude vs Social Well-being	0.113	0.170

Interpretation:

There is no statistically significant relationship between attitude toward epilepsy and the perceived impact on social well-being of epileptic patients ($p > 0.05$).

Decision: Hypothesis 2 (second part) is accepted.

Summary Table of Hypotheses Testing

Hypothesis	Test Used	Result (p-value)	Decision
H1: No significant relationship between knowledge and attitude	Pearson Correlation	p = 0.002	Rejected
H2: No significant relationship between knowledge and social well-being	Pearson Correlation	p = 0.072	Accepted
H2: No significant relationship between attitude and social well-being	Pearson Correlation	p = 0.170	Accepted

4.5 Answers to Research Questions

Research Question 1:

What is the level of knowledge of University of Benin nursing students regarding epilepsy?

Findings in Table 4.2 – Table 4.13 show that **most students demonstrated a moderate to high level of knowledge.**

75.5 % correctly identified epilepsy as a brain disorder, and 69.4 % described it as a neurological condition.

82.9 % recognized recurrent seizures as a main symptom, while 77.3 % knew correct seizure-first-aid steps.

However, 11.4 % still linked epilepsy to hereditary curses and 7.5 % believed it contagious, showing persistent misconceptions

Answer: Nursing students possessed good general knowledge of epilepsy, though some critical misconceptions (about heredity, contagion, and symptom identification) remain.

Research Question 2:

What are the attitudes of nursing students toward epileptic patients?

According to Tables 4.14 and 4.15, **students showed generally positive but mixed attitudes**.

High means for –treating epileptic patients with respect‖ (4.27) and –assisting during a seizure‖ (3.64) reflect empathy and professionalism.

Lower means for –willingness to marry someone with epilepsy‖ (2.51) and fear-based items show that stigma and social distance persist

Answer: Nursing students hold favorable professional attitudes but retain traces of fear andsocial prejudice, especially regarding personal relationships

Research Question 3:

Is there a significant relationship between nursing students' knowledge and their attitudes toward epilepsy?

Pearson's $r = 0.267$, $p = 0.002$ (Table 4.18). Since $p < 0.05$, the relationship is **significant and positive**.

Answer: There is a statistically significant positive relationship—students with higher knowledge scores tended to have more positive attitudes toward epileptic patients.

Summary Table

Research Question	Key Finding	Statistical Evidence / Tables	Conclusion
1. Level of knowledge	Moderate–high, some misconceptions	Tables 4.2–4.13	Generally informed understanding
2. Attitudes	Mostly positive, some stigma	Tables 4.14–4.15	Professional empathy with lingering prejudice
3. Knowledge ↔ Attitude	Significant positive relationship	Table 4.18 ($r = 0.267$, $p = 0.002$)	Hypothesis 1 rejected

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Discussion of Findings

Knowledge of Epilepsy

The findings from this study indicate that nursing students demonstrate a moderate to high level of knowledge about epilepsy, although some critical misconceptions persist. A substantial proportion (75.5%) correctly identified epilepsy as a disorder of the brain, and a significant majority (69.4%) recognized it as a neurological disorder rather than a mental illness or infectious disease. These findings align with those reported by Aksoy and Büyükbayram (2021), who observed that nursing students in Turkey showed a similar understanding, associating epilepsy predominantly with neurological dysfunction rather than traditional misconceptions such as mental illness or spiritual attacks.

However, despite this generally accurate understanding, 11.4% of respondents in the present study believed that epilepsy could be caused by a hereditary curse, and 13.2% expressed uncertainty. The persistence of such beliefs, albeit among a minority, echoes findings by Shawahna and Jaber (2019), who identified a subset of Palestinian nursing students holding similar misconceptions about epilepsy's etiology.

In terms of symptom recognition, the majority (82.9%) correctly identified sudden, recurrent seizures as a symptom of epilepsy. However, 17.1% associated unrelated symptoms such as high fever, cough, or diarrhea with epilepsy. This reveals a partial understanding of clinical presentation and underscores the need for more detailed instruction in neurological assessment.

These findings are consistent with the results of Yunus (2024), who found that while most students could identify seizures as a hallmark of epilepsy, confusion about less relevant symptoms persisted.

Regarding treatment, 73% of respondents correctly acknowledged that epilepsy can be treated with medication, a finding that supports the conclusion by Unsar et al. (2020), who reported that nursing students with clinical exposure or prior education on epilepsy demonstrated higher awareness of treatment options. However, 20.3% indicated uncertainty, and 6.8% believed it could not be treated with medication, highlighting a knowledge gap that could adversely impact patient education and advocacy if not addressed during training.

On the issue of contagiousness, 76.9% rightly recognized that epilepsy is not contagious. This is an encouraging sign of growing medical literacy, yet the 7.5% who believed otherwise and 15.7% who were unsure suggest that outdated myths persist. These findings reflect similar misconceptions reported in a Pakistani study by Elahi et al. (2024), where nurses held mixed beliefs about the contagious nature of epilepsy, which could affect patient handling and stigmatization.

Knowledge about seizure first aid was notably strong in this study, with 77.3% selecting the correct response (clearing the area and turning the person on their side). However, dangerous myths such as putting a spoon in the mouth (5.3%) or restraining the person (14.9%) still lingered. This finding mirrors that of Alshehry et al. (2024), who found that many students and even healthcare trainees misunderstood appropriate seizure first aid practices. Most respondents (92.9%) correctly stated that the first action should be to protect the person from injury—consistent with best practices and suggesting that core emergency management concepts are well understood.

Lastly, while 81.9% of respondents understood that epilepsy cannot be managed without medical treatment, 15.3% were unsure, and 2.8% believed it could. Only 22.4% acknowledged a genetic component to epilepsy, despite growing evidence supporting hereditary risk. As found by Turan et al. (2021), gaps in understanding of epilepsy's genetic and chronic nature are common and point to insufficient integration of neurological content in nursing curricula.

Attitudes Toward Epileptic Patients

The assessment of attitudes revealed a generally favorable disposition among nursing students, although some attitudes remain shaped by stigma and misinformation. Five of the ten attitude statements scored above the criterion mean of 3.0 and were thus interpreted as positive. The strongest positive attitude was observed in responses to the statement –I would treat an epileptic patient with the same respect as others,‖ with a mean score of 4.27. This indicates a strong underlying respect and sense of professional ethics and is consistent with findings by Dayapoğlu and Tan (2016), who reported high levels of respect and inclusion among nursing professionals familiar with epilepsy care.

Other positively endorsed statements included willingness to assist someone during a seizure (Mean = 3.64), comfort interacting with people with epilepsy (Mean = 3.40), and sitting next to them in class (Mean = 3.61), all of which reflect growing inclusivity. These findings corroborate Kahraman et al. (2019), who found that simulation-based training and increased exposure to seizure scenarios improved empathy and willingness to assist.

However, the five rejected items reveal that negative attitudes still linger. For instance, the relatively low mean score of 2.51 for willingness to marry someone with epilepsy indicates a barrier in personal relationships, similar to the findings of Eren et al. (2024), who noted that while medical students were generally accepting, many hesitated at the idea of marriage or romantic involvement with epileptic individuals.

Also concerning is the perception that epileptic patients are dangerous and unpredictable (Mean = 2.38), as well as the fear of being alone with them (Mean = 2.53). These attitudes may stem from outdated portrayals of epilepsy and can affect clinical confidence and patient rapport. Studies have shown that targeted education significantly reduces these fears.

The rejection of statements endorsing employment discrimination (Mean = 2.24) and belief in epilepsy as punishment (Mean = 2.25) reflect an important ideological shift away from traditional biases. These findings align with Alhalaiqa et al. (2017), who noted that nursing students were significantly more progressive in their views compared to their non-nursing peers.

5.2 Implication of Findings

5.2.1 For Nursing Education

The study suggests a need for continuous and focused education on neurological conditions, particularly epilepsy, within the nursing curriculum. Incorporating simulation, clinical exposure, and open discussions about stigma could help deepen understanding and improve attitudes. Strengthening educational content will not only prepare students academically but also foster empathy and patient-centered care.

5.2.2 For Clinical Practice

Since nurses are often on the frontlines of patient care, their perceptions significantly affect the quality of interaction epileptic patients receive. With improved knowledge and attitudes, nurses are better equipped to manage seizures, educate patients, and provide emotional support. These findings indicate the importance of integrating epilepsy management protocols and communication training into clinical postings.

5.2.3 For Public Health and Policy

The recognition of the social challenges faced by epileptic patients highlights the role of nurses as advocates. Nursing students should be trained not only as caregivers but also as public health educators who can dispel myths and reduce stigma in the broader community. Universities and health policymakers should collaborate to support awareness campaigns and inclusive policies that protect the rights and dignity of people with epilepsy.

5.2.4 For Future Research

This study opens the door for further research on the impact of educational interventions on student perceptions over time. Longitudinal studies and qualitative research could provide deeper insights into how personal beliefs evolve through nursing education and how they influence patient care.

5.3 Limitations of the Study

While this study provides valuable insights into the knowledge and attitudes of nursing students toward epileptic patients, it is important to acknowledge several limitations that may have influenced the findings:

1. **Limited Sample Size**: Although the target population was 701, only 281 questionnaires were fully completed and returned. This sample size may affect the generalizability of the results to the entire population of nursing students at the University of Benin.
2. **Single-Center Study**: The study was conducted exclusively within one institution. As such, the findings may not be representative of nursing students in other universities or regions with different academic curricula or cultural perspectives.
3. **Self-Reported Responses**: The data collection relied on self-administered questionnaires, which may be subject to response bias. Participants might have provided socially desirable answers, especially regarding sensitive attitude-related items.

4. **Cross-Sectional Design**: Since the study adopted a cross-sectional approach, it captures data at only one point in time. This limits the ability to assess changes in knowledge and attitudes over the course of students' training or after specific educational interventions.
5. **Lack of Qualitative Insights**: While quantitative data provided useful statistics, qualitative interviews or focus group discussions might have offered richer insights into the reasons behind certain attitudes or misconceptions.
6. **Limited Scope on Social Impact**: Although the questionnaire addressed perceived social implications, it did not explore in depth the lived experiences of epileptic individuals, which could have provided a more nuanced understanding of social well-being concerns.

5.4 Summary of Findings

This study has revealed a broadly commendable level of knowledge about epilepsy among nursing students at the University of Benin. The findings indicate that formal academic exposure significantly contributes to the accurate identification of the causes, symptoms, and treatment of epilepsy. However, the persistence of misconceptions—especially in the areas of hereditary transmission, seizure management, and differentiating epileptic from non-epileptic seizures—suggests that current curricula and clinical training still leave gaps in comprehensive understanding.

Attitudinally, students showed empathy and respect toward people with epilepsy, especially in academic and professional settings. However, negative sentiments toward deeper social relationships—such as marriage—and perceptions of unpredictability and danger highlight the lingering effects of stigma. These mixed feelings demonstrate that while professional education influences public health perspectives, societal beliefs and fears can remain resistant to change.

Furthermore, the perception of social implications reveals students' awareness of the discrimination, isolation, and social limitations faced by people living with epilepsy. It is especially notable that students recognized their potential advocacy roles in challenging such stigmas, which emphasizes the need to incorporate advocacy training in nursing education.

5.5 Conclusion

Health conditions that carry both medical and social dimensions, such as epilepsy, demand a dual response that addresses clinical realities alongside public perceptions. This study has underscored the importance of health literacy among healthcare professionals—not only for the effective management of diseases but also for the transformation of societal attitudes and reduction of stigma. Findings from the research among nursing students at the University of Benin highlight that while formal education contributes significantly to accurate knowledge and progressive attitudes, residual misconceptions and societal biases still influence perceptions and interactions with affected individuals.

The broader implication of this research is that the healthcare system's capacity to deliver holistic care is inherently linked to the depth of understanding and empathy among future professionals. When caregivers, including nurses, are equipped with comprehensive knowledge and a humanistic outlook, they become powerful agents of change in challenging stereotypes and fostering social inclusion for people with chronic conditions.

Moreover, the recognition by respondents of the advocacy role of nurses reflects a shifting paradigm in healthcare education—one that extends beyond disease management to include patient rights, dignity, and social well-being. As such, the study reinforces the necessity of embedding ethical reasoning, cultural sensitivity, and community engagement into the training of all healthcare personnel.

In a global context where health disparities are often perpetuated by ignorance and stigma, the findings from this study serve as a reminder that knowledge is a necessary but insufficient condition for change. True transformation lies in the integration of education, empathy, and empowerment across healthcare and societal systems.

5.6 Recommendations

In view of the findings, the following recommendations are proposed:

1. Nursing curricula should be updated to include comprehensive modules on the neurological, hereditary, and psychosocial aspects of epilepsy. This should include realworld clinical exposure, simulations, and detailed case studies to reinforce learning.
2. The university, through student organizations and health clubs, should implement campaigns to educate both medical and non-medical students about epilepsy, focusing on dispelling myths and fostering inclusion.
3. Nursing students should be trained not only to manage the medical aspects of epilepsy but also to serve as advocates for patients' rights and social integration. This can be achieved by embedding advocacy workshops in nursing training.
4. Targeted workshops addressing stigma in employment, relationships, and social settings should be held. These should be open to students across disciplines and facilitated by neurologists, psychologists, and epilepsy survivors.
5. Given the knowledge gaps identified in seizure response, mandatory certification programs in seizure first aid should be introduced, ensuring that all health students possess practical life-saving skills.
6. First-hand accounts from individuals living with epilepsy should be integrated into classroom discussions to humanize the condition and break psychological barriers that reinforce stigma.
7. The university administration should adopt inclusive policies that protect and support students with epilepsy, including the provision of medical care, academic flexibility during episodes, and psychosocial support systems.

5.7 Suggestions for Further Research and Longitudinal studies

Future studies should track changes in knowledge and attitude over time, ideally following a cohort of nursing students through all academic levels to assess the impact of curriculum and exposure on perceptions of epilepsy.

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APPENDIX I

FACULTY OF NURSING SCIENCE

UNIVERSITY OF BENIN

BENIN CITY

Dear Respondent,

I am a 500 level student of the Department of Nursing Science in the above-named institution. I am conducting a research study titled:

"Knowledge and attitude of nursing students towards epileptic patients and its implication on social well-being in University of Benin, Edo State."

Your responses will be treated with the utmost confidentiality and used solely for academic purposes.

Thank you for your valuable time and cooperation.

Yours faithfully,
Enwemuche Virtue

SECTION A: Demographic Information

1. Age: ______

2. Gender:

- [ ] Male
- [ ] Female

3. Level of study:

- [ ] 200 Level
- [ ] 300 Level
- [ ] 400 Level
- [ ] 500 Level

4. Religion:

- [ ] Christianity
- [ ] Islam
- [ ] Traditional
- [ ] Other (please specify): ____________

5. Have you ever witnessed a seizure?

- [ ] Yes
- [ ] No

6. Have you received formal teaching about epilepsy?

- [ ] Yes
- [ ] No

SECTION B: Knowledge of Epilepsy

1. Epilepsy is caused by:

- [ ] Evil spirits
- [ ] Brain disorder
- [ ] Hereditary curse
- [ ] I don't know

2. Which of the following best describes epilepsy?

- [ ] Mental illness
- [ ] A neurological disorder
- [ ] Infectious disease - [ ] Spiritual attack

3. Which of the following is a symptom of epilepsy?

- [ ] Persistent cough
- [ ] Sudden, recurrent seizures
- [ ] High fever - [ ] Diarrhea

4. Can epilepsy be treated with medication?

- [ ] Yes
- [ ] No
- [ ] I don't know

5. Is epilepsy contagious?

- [ ] Yes
- [ ] No

- [ ] Not sure

6. During a seizure, it is appropriate to:

- [ ] Put a spoon in the person’s mouth
- [ ] Hold them down
- [ ] Clear the area and turn them on their side   - [ ] Sprinkle water on them

7. What is the first thing to do when someone is having a seizure?

- [ ] Run away
- [ ] Give them water immediately
- [ ] Protect them from injury   - [ ] Restrain them

8. Can epilepsy be managed without medical treatment?

- [ ] Yes
- [ ] No
- [ ] Not sure

9. Is it safe for epileptic patients to live normal lives with treatment?

- [ ] Yes
- [ ] No
- [ ] Not sure

10. Do you think epilepsy can affect academic performance?

- [ ] Yes
- [ ] No
- [ ] Not sure

11. Can epilepsy be inherited genetically?

- [ ] Yes
- [ ] No
- [ ] Not sure

12. Do you think every seizure is an epileptic attack?

- [ ] Yes
- [ ] No
- [ ] Not sure

SECTION C: Attitude Towards Epileptic Patients

Instructions: Indicate your level of agreement with each statement using the scale: Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), Strongly Disagree (SD)

S/N	Item	Strongly Agree(SA)	Agree (A)	Neutral (N)	Disagree (D)	Strongly Disagree (SD)
1	I feel comfortable interacting with a person who has epilepsy.					
2	I would be willing to assist					
	someone having a seizure.					
3	People with epilepsy should not be employed.					
4	Epileptic patients are dangerous and unpredictable.					
5	I would sit next to an epileptic patient in class.					
6	I would marry someone with epilepsy.					
7	I believe epilepsy is a form of punishment.					
8	I am afraid to be alone with someone who has epilepsy.					
9	I would treat an epileptic patient with the same respect as others.					
10	Epileptic patients should be isolated during a seizure.					

APPENDIX II

Reliability Test (Cronbach's Alpha Output)

A reliability analysis was conducted using SPSS version 26 on pilot data collected from 26 nursing students of Benson Idahosa University to evaluate the internal consistency of the research instrument. The analysis was done separately for each section of the questionnaire using Cronbach's Alpha.

Knowledge of Epilepsy

Question	Scale Mean	Scale Variance
Epilepsy is a neurological condition	4.51	0.81
Seizures are caused by abnormal brain activity	4.45	0.76
Epilepsy is contagious	1.35	0.42
All seizures look the same	2.10	1.10
People with epilepsy can be cured	3.95	0.90

Cronbach's Alpha for this section: 0.81

Attitude Toward Epileptic Patients

Question	Scale Mean	Scale Variance
I feel comfortable caring for a person with epilepsy	4.20	0.65
I would avoid living near someone with epilepsy	1.88	1.00
I would marry someone who has epilepsy	2.65	1.25
People with epilepsy can work in any job	4.35	0.60

Cronbach's Alpha for this section: 0.78

Perceived Social Implications

Question	**Scale Mean**	**Scale Variance**
Epilepsy affects patients' social lives negatively	3.95	0.75
Employers are hesitant to hire epileptics	4.10	0.88
People with epilepsy are often isolated	3.85	0.90

Cronbach's Alpha for this section: 0.83

Interpretation:

All sections of the instrument produced Cronbach's Alpha values ≥ 0.70, indicating acceptable to good internal consistency. This confirms the reliability of the instrument for data collection.