SOCIAL ISSUES AND SOCIAL MANAGEMENT OF EPILEPSY

Dr Rugare Mugumbate

PhD Social Work

Epilepsy Resource Centre, Zimbabwe Epilepsy Alliance Africa, Africa





Maskoune Maladiyadenke Krikrissien Zvifalfa Msett Epilepsia Pfari Kudonha Sifo Warapa Matendaokugwa Epilepsy Kasuntu Nhuta Ndulme Yemi Ad Ensimbu Wa Rap Chipumputu Ah Ericulus Sokuwa Kinona Sifo Zvipusha lgicuri Danu Wayoo Chifufu/ Ad Motlot Épliepsie Kufalfa Ndulme Sethwathwa* Klfutu Njirinjir Danu Kufalfa Kihona" Nhuta Sokuwa Yemit Chithuchawaka Pfari Chitutwane Njirijiri Khunyu KIfafa Chitutw Kihona Kifutu lgicuri Kissinkiri Isithuthwane Rap Epilepsie Pfar' Epilepsy Sekuwalzithuthwane Kufaifa

Kifafa Bol Franza som Kufaifa

Kritkrissien Bol Franza som Chifufu

Chitruchawaka Sekuwalzi kirutu Gowa Niriliri

Akw kw na Njirinjiri Warapa Izifafa Sekuwa Botlhokuogowa Ti Koukonbolo Koukonbolo Koukonbolo Kasuntu

60 NAMES FOR EPILEPSY IN AFRICA

(WITH LANGUAGE & COUNTRIES SHOWN)

Epilepsy is found in all communities of the world. It affects both males and females, black people and white people, children and adults, rich and poor, educated or not. Below are some names given to epilepsy in Africa, in alphabetical order. Please note that some of the names are no longer appropriate now because they label, devalue and stigmatise.

- Akwukwu na-ado Igbo Nigeria
- Bolwetśi bja go wa Northern Sotho South Africa
- Botlhokuo gowa Setswana South Africa
- Khunyu Nyania Zambia
- Chipumputu Bemba Zambia
- Chitutwane Remba Zambia
- Chithu cha waka Tumbuka Malawi
- Danu rap Wolof The Gambia Possessed by evil spirit or fallen animal
- Motlotlwane Setswana Botswana
- Dikotlo Setswana Botswana
- Ensimbu Luganda- Uganda
- Epilepsia Portuguese Mozambique & Angola Mokn sickness (Mozambique)
- Épilensie French
- Epilepsie Afrikaans South Africa
- Epilepsy English
- Igicuri Kinyarwanda Rwanda Working upside down abnormal brain
- Isithuthwane Zulu South Africa
- Sokuwa Zulu South Africa
- Izithuthwane Ndebele Zimbabwe
- Izifafa Ndebele Zimbabwe A disease of fainting or dving
- Kasuntu Tonga Zambia
- Khunyu/Matenda okugwa Chichewa Malawi
- Chifufu Chichewa Malawi
- Kifafa Katanga DRC
- Kifafa- Swahili Kenya & Tanzania Kifutu - Balubakat - DRC
- Kihona Hona/Manono DRO
- Kissinkiri Moré Burkina Faso
- Koukonbolo Gourounsi Réo Burkina Faso
- Krikrissien Dioula /Bobo Burkina Faso
- Kukuxhuzula Isixhosa South Africa
- Maladi ya denke Bas Congo/DRC
- Mavague va weti Xangana Mozambique
- Niiriiiri Nyania Zambia
- Njirinjiri CiSena Mozambique
- Nthenda yakugua Nyungue/Nyanja Mozambique
- Zvipusha Shona Zimbabwe Contagious disease
- Pfari Shona Zimbabwe Jerking
- Nhuta Shona Zimbabwe Shaking disease
- Tsviyo Shona Zimbabwe Whistling disease
- Kudonha Shona Zimbabwe Falling disease
- Kufaifa/Zvifaifa Shona Zimbabwe A disease of dying/fainting
- Sethwathwa South Sotho/Sesotho South Africa
- Sifo sekuwa Swaziland
- Wa'ah Yemba Cameroor
- Warapa Yoruba Nigeria
- Wayoo Mandinka The Gambia
- Yemīt'ili/ የሚጥል Amharic Ethiopia
- Arabic Brain electrical shock مرض كهربائية الدماغ
- Arabic Brain electrical shock الصرع سابقا
- Msetti- Morocco Crazy
- Maskoune/Fihleriah Morocco Obsessed by an evil spirit
- Morocco صرع
- Arabic Brain electrical shock ايبلبسيا
- Arabic Behavioral arrest توقف سلوك
- Arabic Falling disease مرض السقوط
- Intandara, Burundi Generalised contractures Adingbe - Fon, Benin
- Mblisimbaama Gulmancema Burkina Faso



"epilepsy is derived from the Greek word epilambanein and means to be seized."

Both the nouns epilepsy and seizures can result in stigma

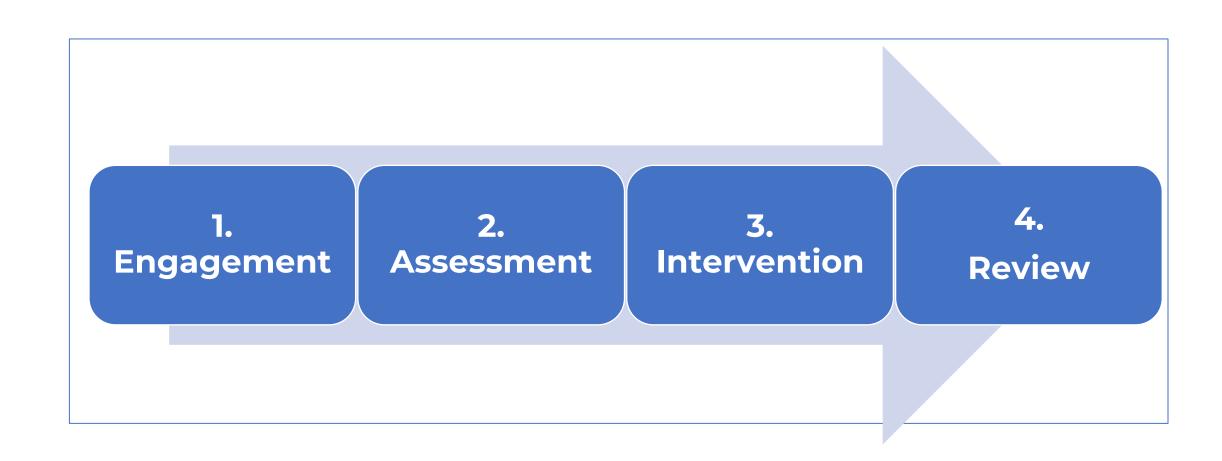
SOCIAL PROBLEMS OF LIVING WITH EPILEPSY

- Chronic, life condition epilepsy is not curable, not all epilepsies can be treated medically or it takes time to get treated
- 2. It is expensive to get medical treatment resulting in large treatment gap
- 3. Different understandings of the condition resulting in huge information gap
- 4. It is difficult to learn with uncontrolled epilepsy resulting in poor educational, training and employment
- 5. There is limited welfare and development support resulting in poor lifestyles

SOCIAL PROBLEMS FROM SOCIETY

Problem	Examples
Labeling	You are not human, you are unworthy You are evil, evil condition You or family are responsible for your condition You are seized
Exclusion	You will not get services You will get less You will get last
Stereotyping	You spoil us You have a contagious condition You will never succeed
Discrimination	You don't go to school You don't marry You will not have children
Neglect	You will not be cared for You are not my child or wife or husband

PROCESS OF SOCIAL MANAGEMENT



ENGAGEMENT

- Build a helping or professional relationship with the person so that they trust you
- They are the expert of their life, you are only a catalyst that helps them
- Show them that you care about their condition and you want them to do better
- Do not judge them for what they think
- Focus on the person's strengths not weaknesses
- Agree when to meet for the first meeting to assess social problems

SOCIAL ASSESSMENT

- You assess by asking questions and observing the person. Basic questions are:
 - Tell me about yourself?
 - Tell me about your family and community?
 - Tell me how you understand epilepsy?
 - Tell me how you are managing epilepsy?
 - What social problems is epilepsy causing you and your family?

SOCIAL ASSESSMENT TOOL

Questions	Response	
Questions		No
Does your family know that you experience seizures?		
Are you getting support from the government?		
Are you getting support from the community, including organisations and helping groups?		
Are you getting support from your family?		
Are you getting support from your school, college or university?		
Are you getting support from your employer or co- workers, if employed or self-employed?		
Do you know enough about your condition?		
Total points	Yes responses	
0-3 - Immediate support is required, refer for assistance		
4 - Optimum level, support may be required		
5-7 - Adequate, no support required		

Mugumbate J. R., Kissani, N., Acevedo, K. ... (2022). First Aid (FA) and First Guidance (FG) for epilepsy seizures: key considerations and recommendatio ns for the developing world. Journal of Social Issues in Non-Communicable Conditions & Disability, 1(1), 11-24.

INTERVENTION

- Create a plan of action working with the person and their family
- Record the plan of action and file it for future use
- Implement the plan
- The plan may include:
 - Family or community visit for epilepsy awareness
 - Referring to a support group or income making group
 - Referring to a counsellor or for mental health support
 - Referring to a social worker or to social services unit
 - Referring to epilepsy association or organisation

REVIEW

- After about two weeks, read the plan and notes and review it
- Check progress, discuss with the person and record it
- Determine if any changes are needed
- You can do a review over the phone, family visit, case conference or a meeting with the person
- Also check how they are doing with their medical management
- Review is a continuous process

UBUNTU SOCIAL CARE VALUES AND ETHICS



- Relationships (ukama)
- Family (mhuri)
- Respect (girmamawa)
- Justice
- Community/collective (ujamaa)
- Wholism/holistic (mzima/phelele)
- A person is a person through others – accepting people with epilepsy
- It takes a village to raise a child – the whole village is responsible for managing epilepsy not just the family

