

**ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCE AND
SCHOOL OF MEDICINE DEPARTMENT OF NEUROLOGY**



**PERCEPTION AND BELIEFS OF CLERGY REGARDING EPILEPSY :DRUG
IS NOT A SIN.**

A PHENOMENOLOGY

BY:

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(YEAR – III)

ADDIS ABABA, ETHIOPIA

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ADDIS ABABA, ETHIOPIA

Perception and beliefs of clergy regarding on epilepsy: drug is not a sin

Descriptive phenomenology qualitative study in Addis Ababa city administration, Addis Ababa, Ethiopia

Short title	Perception and beliefs of clergy regarding on epilepsy	
Duration of project	Ten months	
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ACRONYMES

CNS	Central nervous system
PWE	People with epilepsy
TH	Traditional healer

ABSTRACT

Epilepsy is old disease of brain and accompanying with misconception. the first choice of place in the pathway in the treatment of epilepsy patients in Ethiopia is holy water due to religion beliefs. As a result, modern treatments are not the main treatment of choice for the majority of Ethiopian's epileptic patients. Priests, Imam and or traditional healers are front liner care provider.

The target population of this study was the clergy serving in the Churches and Mosques in Addis Ababa. To achieve the general objectives, a qualitative research method was used to explore the beliefs and perception of clergy regarding on epilepsy. Non-probability purposive sampling technique was used to meet the inclusion criteria and therefore semi-structured focused group discussion and key informant were used as a method of data collection tools.

The finding showed that study participants expressed perceptions and thoughts towards epilepsy disease including about its cause, stigma and misconception, role of clergy in supporting individual with epilepsy. All of the clergies accepted the dual cause concepts of epilepsy .According to them, both spiritual and medical reason attributed for epilepsy. They mentioned their challenges where some individuals feign epilepsy to commit theft, creating fear and mistrust among clergy members. There is a growing recognition of the need to integrate spiritual and medical treatment for epilepsy. Clergy members emphasized that medications are not a sin and should not be seen as contradictory to faith, and they encouraged the use of both spiritual and medical approaches. Providing structured training for clergy on epilepsy and its treatment as well as Fostering collaboration between religious institutions and healthcare providers are recommended.

Objectives: To explore the perceptions and beliefs of clergy working at churches and mosques found in the capital city of Ethiopia.

Methods: A descriptive phenomenology qualitative thematic analysis study was conducted with interviews using a semi-structured type of guided interview. The study used a non-probability purposive sampling method.

1. INTRODUCTION

1.1 BACKGROUND:

Epilepsy is old disease with old perception. It has captured public attention for thousands of years, with its recorded history dating back to 2000 BC (1).

It is defined as a chronic brain disease characterized by repetitive epileptic seizures. Seizures, which are excessive clinical manifestations (signs and symptoms) and/or hypersynchrony, usually self-limited, abnormal neural activity

(2). Approximately 65 million people worldwide suffer from epilepsy, more than three-quarters of whom live in poor countries such as Ethiopia (3,5). A large epidemiological study estimated the prevalence of epilepsy in central Ethiopia to be 5.2 per 1000 people (6).

Public knowledge and perceptions about the nature and causes of epilepsy vary (7). Despite Hippocrates' teaching that epilepsy was a physical illness, belief in demonic possession How epilepsy became widespread in the Middle Ages. This fundamental change in the basic concept of epilepsy, which had a profound impact on subsequent times, was a theological and Authority of Origen 185-254 AD (8), who portrayed epilepsy as a hardship sent by the devil, and his reasoning was based on uncompromising principles of Biblical explanations of epilepsy events in the New Testament (9)

Today, the belief that the cause of epilepsy is the devil has almost completely disappeared or is decreasing rapidly throughout the world (10,). However, people with epilepsy still face social stigma and discrimination (11). Spiritual interpretations still exist in some cultures. Today, in some African countries (e.g. Uganda, the Democratic Republic of Congo, and the Republic of Tanzania) the disease is still believed to be caused by evil spirits, and many people believe it to be sorcery, poison, and contagious (12).

Among fellow citizens, the view has been expressed that the Ethiopian Clergy and TH supports the cultural epilepsy model. Cultural metaphors associated with evil spirits, the evil eye, and witchcraft shaped and reinforced existing “societal norms of epilepsy” in

Ethiopia (13). A study from Ethiopia also showed, patients' refusal of anti-epileptic drugs is often influenced by their religion and culture; because they believe that epilepsy is cured by traditional healers and spiritual holy water, which will cause them to stop taking medication (14).

Epilepsy is a neurological disorder that can affect all human beings without exception. Epilepsy affects people of all races, social classes, and nationalities. It spans borders and all age groups, but has a bimodal distribution: The risk is highest in the youngest and oldest age groups (4). A mankind history is telling us, Great leaders (Julius Caesar, Napoleon Bonaparte) and famous artist such as Flaubert, Von Gogh and Dostoevsky were epileptic individuals (15,16).

What clergy in Addis Ababa think and talk about epilepsy and counseling, and how they explain epilepsy, is important for how the church and society and the mosque and society view epilepsy and counseling? However, there is limited research on the beliefs, attitudes, stigma, and practices of Ethiopian clergy in promoting epilepsy service use.

Therefore, we want to explore the perception and beliefs of clergy regarding on epilepsy at Addis Ababa, Ethiopia.

1.2 STATEMENT OF THE PROMBLEM

Each year, 2.4 million people worldwide are diagnosed with epilepsy (17). Nearly 10 million people in Africa suffer from epilepsy (18). More than a third of the population in developing countries does not have access to biomedical care and often relies on traditional medicine and/or self-care (19). Aboriginal people often believe that Western-trained doctors cannot solve their problems, including spiritual and physical problems (20).

In Ethiopia, patients' refusal of anti-epileptic drugs is often influenced by their religion and culture; because they believe that epilepsy is cured by traditional healers and spiritual holy water, which will cause them to stop taking medication (9). Regarding the perception of illness, nearly (58.7%) of study group from Ethiopia believe, the most common explanation for the cause of the illness was spiritual possession (21). Both lack of access to health care and individual perception towards disease causation have contributed for poor treatment outcome in developing countries.

Misconceptions and stigma surrounding epilepsy have created major gaps in epilepsy treatment on the African continent (22-24). Many studies show that more than 90% of people with epilepsy (PWE) in developing countries do not receive appropriate treatment for their condition, a phenomenon known as treatment gaps (25-27).

Another study from Ethiopia on perception of epilepsy, almost all Christian patients sought spiritual healing simultaneously with medication or before beginning modern medicine (28). Among the reason, Superstitions and cultural beliefs force PWE to seek treatment from traditional healers rather than scientific doctors (29,30). For epilepsy patients in Ethiopia, modern treatments were not the main treatment of choice for the majority of respondents. This leads to untreated. Untreated epilepsy is a critical public health issue, leading to devastating consequences such as social, economical and poor health outcomes, stigma and higher mortality rate (31-33).

As data shown us, the first choice of place in the pathway in the treatment of epilepsy patients in Ethiopia is holy water (21). Little is known about the deep thought and perception of Ethiopian's clergy. Developing such an understanding may partly explain why clergy and TH are the first choice of place in the pathway in the treatment of

epilepsy in Ethiopia, despite the continual and persistent treatment gap within epileptic patients.

Therefore, the main purpose of this study is to explore the perception, beliefs and their thinking toward epilepsy service among the clergy at Addis Ababa, Ethiopia.

1.3.RATIONAL OF THE STUDY

The rational of this descriptive qualitative study is to understand how clergy perceive and beliefs on epilepsy, and they promote the use of epilepsy services in Ethiopian communities. The participants from a target group of clergies at Addis Ababa are population invested in the well-being of the Ethiopian community in general. Clergy in the Ethiopian communities are often the first line of defense when members face various issues. As a result, clergy can play a useful role in formulating solutions for eliminating the negative perceptions, beliefs, stigmas, and practices associated with epilepsy medical services.

This study is useful in generating a reassessment of the responsibility of Addis Ababa clergy have to their constituents regarding epilepsy services, which could positively affect the greater community.

1.4. RESEARCH QUESTIONS

(RQ1): How do clergy members interpret epilepsy within their religious framework?

(RQ2): what role do clergy play in supporting individuals with epilepsy and their families?

(RQ3): how do clergy perceive the stigma and associated with epilepsy in their communities?

(RQ4) : How do clergy view the relationship between faith and science in the context of epilepsy?

2. LITERITUR REVIEW

2.1. OVERVIEW

Epilepsy has affected people since time immemorial. Thoughts about the causes of seizures were consistent with prevailing religious and medical ideas of the time (34). Epilepsy is purely physical disease of the human brain. The introduction of EEG changed the field of epileptology and was the first direct access to studying the function of the brain, and the understanding of the pathophysiology of seizures was finally becoming closer to what we “know” today (35).

Recent seizure descriptions are based on 2017 data. The International League against Epilepsy (ILAE) has revised its classification of seizure types. Classification of epilepsy is an important clinical tool in evaluating patients with seizures. This impacts all clinical consultations, but its impact extends beyond the clinical domain to clinical and primary epilepsy, Research and development of new treatments (36).Epilepsy day is celebrated all over the world to raise awareness of epilepsy. It is celebrated each year on the 2nd Monday of February (37).

2.2. HISTORY OF EPILEPSY

Descriptions of seizure types go back at least to the time of Hippocrates. The word “epilepsy” comes from the Greek word Epilambanein, meaning “seizure” (38).

One of the oldest medical books in Babylon, Sakikku (English translation: "All Diseases"), dating back to around 1050 BC, and contains the most published literature on the subject of epilepsy known at the time of its experience and understanding. The tablet contains descriptions of what we today call seizures, absence seizures, and convulsions, as well as descriptions of prodromal symptoms, auras, postictal phenomena, interictal mood, and precipitants of seizures (39).

During the time of Hippocrates, epilepsy was first considered scientifically and was thought to originate in the brain rather than be caused by supernatural causes. It was not until the 16th century that the existing definition of epilepsy was challenged by new clinical observations and basic concepts emerging in the medical literature, Epilepsy began to be considered a medical disease (35).

2.3. ETIOLOGICAL FACTORS OF EPILEPSY

It is important to identify the causes when diagnosing epilepsy. The main objective of 2017 ILAE epilepsy classification was, which included etiological groups: structural, genetic, infectious, Metabolic, immunogenic and unknown (35).

There are multiple causes of epilepsy. These are; Head trauma, CNS-infection, vascular malformation, brain-tumor, stroke, inflammatory and autoimmune conditions and others. The development of brain malformations in children is an important cause of epilepsy. Other risk factors have been studied, especially in older adults (40).

2.4 RELIGIONS AND EPILEPSY

2.4.1 CHRISTIANITY AND EPILEPSY

One should know the difference between religion and spirituality. The former reflects a sense of personal connection with a higher power and a sense of transcendence, or holiness, while the latter is a public phenomenon associated with the church, doctrine, and scriptures. Within religion there is spirituality, but if you have spirituality, it does not necessarily mean you have religion (41). Disease is mentioned in Bible, but again in vague terms. It is known that wounds heal, as evidenced by the mourning of the Prophet. “from the sole of your foot to the top of your head there is no soundness in it; but wounds, and bruises, and putrifying sores: they have not been closed, neither bound up, neither mollified with ointment” (Isaiah 1:6).

The Bible often speaks of seizures as punishment for sin; This sometimes happens to children because of the sexual sins of the parents. Epilepsy was highly stigmatized in the Old Testament: epilepsy prevented women from marrying; epileptics are exempt from priests, rabbis and judges; Slaves were sold with a hundred-day guarantee in case they were captured. Priests and rabbis were prohibited from treating epileptic patients for fear of acquiring the disease. The New Testament seems to recognize epilepsy as a disease, but there is no evidence that people understood its underlying neurological basis. Although the two are not always synonymous, in the Christian Bible demonic possession is a central concept to understanding seizures) (41). Matthew 4:24 writes:

“News about him spread all over Syria, and people brought to him all who were ill with various diseases, those suffering severe Pain ,the demon- possessed , those having seizures ,and paralyzed ;and he healed them” (9). The Bible here speaks of demon-possessed and epilepsy as separate diseases.

Over time, Christian views on the causes and treatment of epilepsy have changed significantly. Religion played an important role in social change in the 19th century, including the care of patients with epilepsy. Although , Abrahamic traditions and epilepsy have had a sophisticated relationship throughout history and have influenced the way epilepsy is understood in the modern era, The contemporary monotheistic religions now clearly see epilepsy as a medical condition (41).

2.4.1.1 HISTROY OF CHRISTIANITY IN ETHIOPIA

There are many theories about the history of Christianity in Ethiopia, but most of them do not have a good historical basis.

Philip the evangelist was told by an angel to go to the road from Jerusalem to Gaza, and there he encountered the Ethiopian eunuch, the treasurer of Candace, Queen of the Ethiopians (Ancient Greek: Κανδάκη, "Candace" was the Meroitic term for "queen" or possibly "royal woman"). The eunuch had been to Jerusalem to worship (42) and was returning home. Sitting in his chariot, he was reading the Book of Isaiah, specifically Isaiah 53:7–8. Philip asked the Ethiopian, "Do you understand what you are reading?" He said he did not ("How can I understand unless I have a teacher to teach me?"), and asked Philip to explain the text to him. Philip told him the Gospel of Jesus, and the Ethiopian asked to be baptized. They went down into a water source, traditionally thought to be the *Dhirweh fountain* near Halhul, and Philip baptized him (43).

The merchant ships of the Syrian merchant Meropius approached the Ethiopian coast for provisions. The villagers attacked the ship and killed the crew. Only the merchant's two sons, Frumentius and Edseus, survived, and they were imprisoned in the ancient city of Axum. Over timetheir talents made the king so happy that they were freed from slavery and were appointed to important positions in the palace. Frumentius was full of zealous missionaries who wanted to return to Ethiopia and convert it to Christianity. He

went to Alexandria to speak with the famous Bishop Athanasius. “After the latter had listened to his plea, Athanasius ordained Frumentius the first bishop of Ethiopia” . The date of dedication is the second half of the fourth century. The year given by Carl Paul is 326, the year Frumentius went to Athanasius (44).

4.4.2. ISLAM AND EPILEPSY

In Islamic history, epilepsy has been understood through both spiritual and medical frameworks. Early Islamic scholars, influenced by Greek medicine, often treated epilepsy as a medical condition. However, cultural and religious interpretations sometimes attributed seizure to spiritual causes, such as jinn possession. Islamic teachings encourage seeking both medical and spiritual means (45).during the Islamic Golden Age ,scholars like Ibn Sina’s made significant contribution to the medical understandings of epilepsy, provided detailed classifications of epilepsy and its symptoms, emphasizing both physical and environmental facto(46).

4.4.2.1 HISTORY OF ISLAM IN ETHIOPIA

Islam has a deep and enduring history in Ethiopia, dating back to the early days of the religion. During the persecution of early Muslims in Mecca, a group of Muslims sought refuge in the Kingdome of Aksum(modern day Ethiopia) around 615CE. The Aksumite ruler, known as the Negus ,granted them protection. This event, known as the first Hijra is celebrated in Islamic tradition (47).

By the 13th century ,several Islamic states emerged, such as the Sultanate of Showa and the Sultanate of Ifat.These states played a significant role in regional trade and politics(48).Today, Islam is the second-largest religion in Ethiopia. Ethiopian Muslims have contributed to the country’s cultural and social fabric (49).

3.3. OBJECTIVE

3.1. GENERAL OBJECTIVE

- To explore perception and beliefs of clergy regarding epilepsy at Addis Ababa city administration, Addis Ababa, Ethiopia.
- To understand the role of spirituality and religious practice in the management of epilepsy as perceived by clergy.
- To identify the challenges and misconception surrounding epilepsy within religious communities.

3.2. SPECIFIC OBJECTIVES

- To examine how clergy perceive the causes of epilepsy.
- To investigate the attitudes of clergy toward individuals living with epilepsy
- To assess the level of knowledge and awareness among clergy about epilepsy as a medical condition.
- To explore the challenges clergy face in supporting individuals with epilepsy
- To evaluate the potential between religious leaders and healthcare professionals in addressing epilepsy.
- To explore clergy's attitude and practice towards medical treatment of epilepsy
- To understand the role of clergy for epilepsy patient care

4. METHODES AND MATERIALS

4.1. STUDY SETTING AND PERIOD

The study is conducted at churches and Mosques located in Addis Ababa administration zone, Addis Ababa-Ethiopia, from December 2023 – December 2024.

Addis Ababa was established in 1886 and with more than four million populations. It is among the oldest and largest cities in Africa. Addis Ababa is the capital and largest city of Ethiopia.

4.2. STUDY APPROACH

A descriptive qualitative study with thematic analysis is conducted with Focused group discussion and Key -informant interview using a semi-structured type of open guided interview.

Participants and recruitment: Non-probability purposive sampling is used to select participants. Clergy members, Neurologist and individuals with epilepsy, are selected from different churches and mosques at Addis Ababa, neurology department and epilepsy outpatient clinic of Tikur Anbessa hospital ,respectively. Data are collected in Amharic, the official language of the nation that is also broadly spoken, and later translated into English, an academic forum is given, for analysis.

4.3. PARTICIPANTS AND RECRUITMENTS

The target population of the study is a clergy who are working in Addis Ababa churches and Mosques for more than 03 years. Participants of the study are selected through Non probable purposive sampling technique.

4.4. SAMPLE SIZE

The sample size is the maximum variation in the number of participants we can obtain. The study participants are clergies who are working at Addis Ababa churches and mosques. From the total of 32 participants ,twenty five from clergy for focused group discussion and two from neurology department(Neurologist) and five from people living with epilepsy for key informant.

4.5. DATA COLLECTION

For research purposes, prior approval of the study plan is requested from the Research site coordinator at Tikur Anbessa hospital based on a letter of support received from Addis Ababa University prior to the start of the study.

Once the agreement will be made, it is possible to target potential respondents until they are saturated, Participants will be gladly welcomed among the clergy. Once the participants identified, introduction and explanation will be given about the purpose and the importance of the research and their role in the research allows them to make their own choice and intention to participate in the research. There is no fee for the participants.

The information includes: procedure, the purpose of the study, confidentiality as well as discomforts and related ethical issues. The written consent form is then translated into Amharic and signed by each participant. An appointment with each participant is settled in such a way that it is suitable for both participant and the researcher's goals for timely completion of data collection.

Primary data sources are employed for the study. Two data collection tools: Focused group discussion and key informant interview are the main sources of data pertinent to the study. For focused group discussion, participants are selected by the researcher from religious institutions that are deemed suitable for the research. The research utilizes key informant interviews to bring together expertise in the field. These expertises are clinician and epileptic patients. Both data collection tool incorporate semi-structured checklists.

4.7. DATA ANALYSIS

After data collection, Amharic data is transcribed and translated into English. Then, daily analysis is carried out according to the research method using the thematic content analysis technique. Qualitative data is analyzed manually using codes. Codes are grouped into categories, and themes are identified based on similar combinations category.

4.8. TRUSTWORTHINESS

It is a degree of confidence in data, interpretation, and methods used to ensure the quality of a study. Therefore, A variety of criteria are taken to determine the strength and conclusion of our study. These criteria include credibility, transferability and dependability.

To ensure credibility: - The research is supervised by experienced qualitative researcher and familiarized with the study area .in addition; the researcher uses prolonged engagement with the participants, peer-debriefing and member checking.

To ensure transferability: - Data collectors are trained in each component of interviewing and document review. Thoroughly and detailed participants description are provided. The principal researcher checks the completeness and validity of the ideas during data collection.

To ensure replicability: - The principal investigator conducted a reasonable and balanced analysis of the data. The researcher make datat and code available to others.During the analysis, many researchers are involved to reduce the bias of one researcher, thus improving the reliability of the research translation and

4.9. ETHICAL CONSIDERATION

Research protocols raise ethical considerations when conducting research. Therefore, to ensure ethical procedures, the aims and objectives of the study are clearly discussed with the management of the organization where participants are approached before selecting them.

This study was approved by the Ethics Committee of the Neology Department, college of health science, Addis Ababa University (DRPCo4/2024). A formal letter was also written to the Churches and Mosques from the Department Neurology Department, NU177/17, and permission was received to conduct the research.

Permission was also sought and obtained from churches and Mosques where clergies are working. An informed consent process was followed during participant recruitment while confidentiality, anonymity and privacy were maintained throughout the research conduct and report writing. During the participant selection process, we discussed the purpose of the study and the level of confidentiality with potential participants to ensure that they are informed about what they are willing for. In this case, after selecting the

participant, appropriate contact is made with the participant to prevent discomfort when communicating about personal issues.

Any participants have a right to withdraw from the research at any time. Meanwhile, since the respondent's real name is listed, the anonymity of the respondent's information is guaranteed.

Participants do not appear in the study documents and pseudonyms are used in the analyses. Additionally, before the data collection date is confirmed, agreement is reached regarding the use of tapes to record data during the interviews.

All of these ethical issues are clearly outlined in written consent forms prepared for both participants and staff involved in the study.

5. RESULT

5.1 .SOCIO DEMOGRAPHY OF THE PARTICIPANTS

We analyzed the views of Ethiopian's clergy members on perception and thought regarding epilepsy. The focus of present investigation is based on around issues in relation to the cause of epilepsy, stigma and misconception surrounding people with epilepsy. It also assessed the role of religious institutions in supporting individuals with epilepsy, the need of training and education for clergy and collaboration between religious institution and healthcare providers.

Table1.1: participants by their sociodemographic characteristics

No.	age	Sex	Service year	Role	Code
1	46	M	26	Priest-Monk	OR11
2	34	M	8	Baptist,Priest	OR12
3	51	M	12	Priest-Monk	OR13
4	40	M	10	Baptist,Priest	OR14
5	55	M	25	Priest	OR21
6	42	M	12	Priest	OR22
7	28	M	8	Deacon	OR23
8	35	M	12	Merigeta/priest +/	OR24
9	26	M	7	Deacon	Or25
10	48	M	20	Megabi	PR11
11	42	M	15	Pastor	Pr12
12	35	M	10	Agelgey	PR13
13	38	F	5	Singer	PR14
14	31	M	5	Agelgey	PR21
15	39	M	12	Singer	PR22
16	46	M	20	Megabi	PR23
17	45	M	15	Pastor	PR24
18	47	M	22	Haji	MU11
19	60	M	20	Shehi	MU12
20	45	M	18	Muezzin	MU13
21	60	M	25	Haji	MU14
22	69	M	40	Immam	Mu21
23	30	M	10	Muezzin	MU22
24	26	M	10	Muezzin	Mu23
25	26		6	Qazi	MU24

The study participants were clergies who are working at Addis Ababa churches and mosques. From the total of 32 participants ,twenty five from clergy for focused group discussion and two from neurology department(Neurologist) and five from people living with epilepsy for key informant .The clergy participant was grouped into six group having four and or five participants for focused group discussion.

5.2. PERCEPTION OF EPILEPSY: DUAL PERSPECTIVES

5.2.1. SPIRITUAL CAUSE

Almost all of the clergy members associated Epilepsy with a condition influenced by spiritual forces, particularly with demonic possession, evil spirits or devil, jinn or sheytan possession .They believed that individuals who experience seizures are sometimes seen as being possessed or afflicted by supernatural forces.

“If somebody falls down and drools saliva ,he is labelled as he

Catch by spirit, demon or evil eye” [OR22].

Religious leader often convince themselves and their followers for the attribute of epilepsy is a spiritual causes mentioning the evidence that the patient can recover quickly after reading holly books or providing spiritual means of relieve .

“The cause of this disease is due to devil spirit . So, the primary

Symptom of this disease is shouting when the patient fainting.

The patient can quickly recover after reading the Holy Quran book”

[Mu11].

5.2.2 MEDICAL CAUSE

While epilepsy is primarily viewed as a spiritual condition, some clergy acknowledge medical or psychological cause. There is a growing recognition of medical causes, especially among clergy with exposure to modern healthcare.

“When they test at health facilities ,the diagnosis is heart

Problems ,anemia....epilepsy...has no specific cause”[PR14].

Several clergy members differentiated between cases where seizures are due to medical condition like stroke ,physical brain trauma ,hypertension, diabetes mellitus ,and those believed to be caused by spiritual forces.

“For those who catch evil spirits ,they shout at Holy waterWe

did not send them to health facilities. We advise them to pray ,fast,

and use Holy water. For known cases like stroke,Hypertension ,

diabetes mellitus we recommend scientific treatment”[OR22] .

Furthermore, one clergy member has mentioned clergy has special divine ability of distinguishing between spiritual and medical causes. He mentions that if a seizure is

spiritual, it manifest physically (e.g., shouting, become aggressive..) , and they use prayer and spiritual intervention. If it is medical patient, there is loss of consciousness, eyes are opened, biting of the tongue, they recommend first aid and medical treatment.

“There is a medical aspect as well. There is a spiritual aspect as well.

It has its own grace by which you can differentiate them” [PR23].

5.3. STIGMA AND MICONCEPTION: MOTHER REJECTION

Epilepsy is highly stigmatized medical disorder in many perspectives. Stigma and discrimination against individuals with epilepsy persist both within and outside the religious institution, often fuelled by cultural practices (e.g.,using match smoke) that perpetuate stigma and fear of legal repercussions.

“Some people fear helping who has fallen because

They might be questioned by security forces” [OR25].

Stigma arises from different point of views.it may be due to lack of knowledge and understanding about epilepsy. Individuals with epilepsy may face humiliation due to the community not having awareness of the disease.

“This happens not because they hate the person, but because of

Lack of knowledge and lack of understanding” [PR23].

People may avoid helping someone with epilepsy due to ignorance. This measure may traumatize epileptic individuals. Religious leaders emphasize the importance of education and awareness to reduce stigma. Clergy suggests that increasing knowledge among religious leaders and the community can help to reduce discrimination and stigma.

“Knowledge is good; ignorance is harmful.

Knowledge also heals the whole community” [PR24].

Majority of religious leaders acknowledge that people believe epilepsy is contagious, leading to stigma. Epilepsy is sometimes associated with contagion or spiritual contamination. A clergy member recounts how a peer with epilepsy faced discrimination and died due to lack of support, reflecting the deep-seated stigma. They fear the spirit of the disease.

“ I think there is an attitude that epilepsy disease is transmitted

From person to person, and some people disgust them” [Mu12].

Finally, while religious leaders mention the respective religion doctrine that never discriminate and stigmatize patients including epilepsy and also deny isolating patients, they recognize societal stigma and misconceptions.

“Isolating them is impossible, and being too far away presents risk ;

Instead, we should remain close and offer advice” [MU11].

One clergy respondent shares personal story, as he recounts his traumatic experience of being injured and losing consciousness, leading to his epilepsy diagnosis.

“In 2007EC,I was injured by a stick, covered in blood, and found lying on
The ground. I had lost consciousness. Then after epilepsy was
Diagnosed” [OR13].

The priest experiences loneliness, despair, psychological pain and stigma and fear due to societal and familial rejections even from his mother who believe epilepsy is contagious or a curse .His mother rejected and isolated him for the fear of the condition will be passed to her other children.

“They say it is contagious; many say it spreads. They fear it will be
Transmitted and avoid me. Even my mother said, ‘You will pass it to
My child’, and distanced herself from me” [OR13].

Epilepsy challenged the priesthood life time. The priest reflects lack of understanding and inappropriate attitudes among some members. The priest calls for better education and support systems for people living with epilepsy.

“Some comfort me...but many avoid me. We should not abandon,
Mock, or reject people. Instead, we should hold them, wash them if
Possible, and support them” [OR13]..

5.4 .THE ROLE OF CLERGY IN SUPPORTING WITH EPILEPSY

Religious leader offer prayers and spiritual guidance to patients and their families although there is limited practical or medical assistance. Spiritual means of healing has provided a lot of support for epileptic individuals. Patients can get spiritual support through prayer, fasting and Holy water or Zemez liquid.

“We treat people with spiritual treatment....it treats the mind ,

Way of thinking ,body and the spirit”[PR11].

Most of the clergies can help individuals with epilepsy to participate in religious activities. Including preaching and singing, if they are mentally and spiritually prepared. One of the clergy members share his real experience with a woman with epilepsy who is a singer in the church and receives special care to ensure her safety during the service.

“The church trains individuals to reach the necessary capacity .

Service is not based on one’s identity but on the grace given to

Them” [PR14].

5.5. CLERGY’S CHALLENGE IN ADRESSING EPILEPSY

5.5.1 LACK OF AWARENESS

In Ethiopia, religious leaders are among the most respected and influential people in the society. Indeed, clergy acknowledge a lack of formal training or structured education about epilepsy within their religious institutions on epilepsy. Lack of awareness and training among clergy and the community hinders effective support for individuals with epilepsy.

“There is a weakness in the religious leader creating awareness

About epilepsy” [PR12].

Training religious leaders about epilepsy is crucial for providing proper support and reducing stigma. The clergy members highlight the lack of specialized training in the religious institution and express a desire for collaboration with medical experts.

“If training is provided to them, they can save generations .

Without knowledge, they cannot help”[PR23].

The participants from focused group discussion stress the need for training to differentiate between spiritual and medical causes of epilepsy. Religious institution based means of relieve is the frontline modality of help for the majority of Ethiopian’s epileptic individuals. To improve patients care and treatment outcome providing training for clergy has paramount important.

“Training is very important to identify the type of disease

and determine the appropriate treatment”[OR23].

5.5.2. MISUSE OF EPILEPSY

The church and mosque have faced practical and societal challenges in supporting individuals with epilepsy, including fear of legal issue and mistrust due to fraudulent behaviour. There are circumstances of difficulty of distinguishing genuine epilepsy from pseudo-seizure. Some individual pretend to be ill to steal, which create fear in helping those who fall.

“Knowingly pretending to be epileptic and drooling ,

They stolen many clergy’s mobile phones. There is tendency

to say backwards from this fear”[OR25].

5.6. INTEGRATION OF SPIRITUAL AND MEDICAL APPROACHE

All of the clergy members from all religious institution agreed on the need of treatment for epileptic individuals. There is a growing recognition of the need to integrate spiritual and medical approaches. While there is recognition of the importance of medical treatment ,formal collaboration between spiritual institution and healthcare providers are lacking. Religious leaders fully support modern treatment for epilepsy, viewing it as compatible with religious teachings..

“The modern treatment is the effect of Allah, so it’s normal, because the

Knowledge of the Doctor is already given by Allah”[MU12].

Clergies use different spiritual healing tools. Holy water,Zemzem, prayer , and fasting are mentioned as central spiritual practice of healing tools, especially when perceived as spiritual affliction.

“We pray for the patient with epilepsy as part of our spiritual

Doctrine since we believe it to be the devil’s illness” [MU11].

On top of this idea, other added other spiritual healing tools.

“When we give spiritual water or zemzem to the patient, they will

Also recover from their illness” [MU12].

Over all, clergy emphasize the importance of prayer, baptism, and spiritual practices as remedies for epilepsy. Faith in God is considered central to overcoming the illness.

“The savior is God , the savior is Christ. The apostles pray, and demons

leave. How is one saved? Through purity,holiness,and prayer”[OR14].

Clergy report, there is a fear and hesitation among some individuals regarding the use of medication, particularly if they feel it contradicts their faith. Majority of the religious leader advice individual to take prescribed medications while also seeking spiritual healing. They emphasize that taking medication is not a sin and should be seen as part of God's healing process.

“God works inside the drug ...God works on the drug.”[PR12].

Participants raise a very important concept regarding the issue of taking prescribed medications. If any religious leader teaches to the followers as taking the drug is a sin, this is wrong and leads to anxiety and confusion, because both faith and medical treatment are the healing process of God.

“If the religious teacher teaches them taking drugs is a
Sin, they face anxiety ...we teach them taking drugs is one way
Of healing through God”[PR12].

Prayer and medication are seen as complementary by most of the clergy's members. They understand the consequences of discontinuing the drug and discouraging such measure.

“We understand what will happen if the drug is discontinued,
So we never recommend stopping the drugs.
God works through the doctors' hand” [OR22].

Integration of medicine and faith are helpful for all ill individuals, including epileptic one. Some clergy acknowledge the role of medicine as a gift from God and support its use alongside spiritual practices. Forcing individuals to stop medication may be end of life judgment and considered as a killer.

“A patient should not stop taking medication. Forcing someone to stop
Taking medication is judgment t on their life.
It is like killing the life God has given” [OR12].

Other cite the importance of Respecting medical treatment, even during fasting day , and if the drug is ordered to be taken on the fasting day they recommend they can take it with Holy water. They criticized those who are practicing against it.

“If there is a fasting day and the drug is ordered to be taken
In the morning, we recommend they take it with Holy water.

The church does not force fasting on them” [OR25].

6. KEY INFORMANTS:

Data prepared from Key informants interview showed that participant were health professionals from neurology department and people living with epilepsy having follow up at epilepsy outpatient clinic of Tikur Anbessa Hospital, Addis Ababa, Ethiopia . Two health professionals participated in the study which consisted neurology professor and associate professor of neurology with many years of experience.

6.1. HEALTH PROFESSIONALS: NEUROLOGIST

Both neurologists share their views on clergy’s understanding of epilepsy as epilepsy is caused by supernatural forces, such as satan or demonic possession, and advocate for prayer or spiritual healing as primary treatment. And they report; only a small minority of clergy demonstrates a deep understanding of epilepsy, aligning with medical knowledge.

“Most of the religious leaders are those who believe that epilepsy is caused by Satan...and it does only require...prayer or prayer. Probably more than 90% Are classified under this”[NR1].

Health professionals also acknowledge psychological and social support of spiritual treatment remedies. Traditional and spiritual treatments provide psychological relief and social support, which can be beneficial for patients. However, these treatments may also lead to marginalization or categorization of patients.

“Because it has psychological pressure, it helps to ease that psychological Pressure, to get support, to get social support, and if it is right, it helps to access Resources like that....But, sometimes the situation is reversed, and there are Tendencies towards marginalization or categorization” [NR2].

According to the report of neurologist, religious leaders often act as traditional healers, providing spiritual or herbal treatments for epilepsy. Interestingly, some clergy, like Aba kidane-Mariam(pseudo name) ,demonstrate a deep understanding of epilepsy and refer patients to medical professionals after distinguishing truly seizing patients .This tells us ,though not enough, there are few clergy who can recognize people living with epilepsy through individual observed symptoms.

“Father Kidane-Mariam ...writes a referral, This one does not close his eyes , He reveals his eyes, he pulls his eyes to the side ...he...he also foams” [NR1].

Health professionals explain that epilepsy is insufficiently treated in Ethiopia and across Africa. The treatment gap is significant, with 90% of epilepsy patients not receiving proper medical care. Neurologist believes educating religious leaders bridge the gap between modern and traditional treatments. Collaborative efforts, such as training programs and awareness campaigns, are essential to improve epilepsy care. They also see spiritual means of care as complimentary way of supporting people with epilepsy..

“Both come from the creator, the medication as well...when you think about it.

Scientist discovered the medicine...like...cognitive behavioral therapy ...

Counseling given by the religious fathers, support given by the family, all can

Serve as traditional medicine. Those people need to be educated and trained”

[NR2].

6.2. PEOPLE WITH EPILEPSY:

6.2.1 .AWARENESS AND UNDERSTANDING OF EPILEPSY: BEFORE AND AFTER EPILEPSY

Many of the participants from individuals with epilepsy disclose their lack of awareness and presence of misconception about epilepsy before they started to experience epilepsy. They also report how the society perceives epilepsy as if it is devil spirit or magic.

“I didn’t have any awareness about epilepsy before I got sick.

They think epilepsy is caused by be evil spirit or magic”[PWE3].

After they have diagnosed with epilepsy, people with epilepsy reshuffled their attitude and understanding about epilepsy. They understand that it can be cured with modern medicine and that it is like other physical diseases such as diabetes. Based on this understanding, they are able to confront the truth and get rid of their misconceptions and stigma.

“People need to understand that epilepsy is not caused by evil spirit.

I trust modern treatment 100% and advise others to go to the hospital” [PWE2].

6.2.2.THE IMPACTS OF COMMUNITY BELIEFS:ANTI- DIGINITY

The interview reveals complex and intermixed impact from community beliefs surrounding epilepsy. While some community members are supportive, others perpetuate stigma. Many participants faced social isolation, stigma and emotional struggle due to misconception about epilepsy.one participants report, her mother

restrict from social gathering labeling her as a patient. They said being called an epileptic affects the dignity of the individuals.

“They called me ‘patient’ which hurt my dignity. My mother doesn’t take me
To social gathering because she thinks I’m a patient” [PWE4].

Another participant mentions her fear and detachment from the community.

“I feel lonely and disconnected from the community.

I isolated myself because I’m afraid of failing in public” [PWE3].

6.2.3 THE CHALLENGES OF MODERN CARE OF EPILEPSY:

According to the thought of people with epilepsy, there is a clear need for increased awareness and education to promote the benefits of modern treatment. However, modern treatment are challenged by the act of some clergy member that they give advice to the patient to stop the medication and relay on trusting spiritual remedies ;like, holy water or Quran healing before treatment.

“We need more awareness campaigns about epilepsy in the community.

I was told to stop the medicine, but I refused because I know my
Pain” [PWE3].

Some of the participants are challenged from the religious leader who forced them to avoid taking modern medicine as it is the product of devil.

“They said the medicine is from the devil and should be removed”
[PWE2].

In addition, another individual with epilepsy explains the challenge he faced from the clergy in this way, ‘ he says that salvation is through Holy water and God’s willing ’. At the same the patient challenges the clergy to take responsibility and to encourage modern treatment alongside with faith while practicing spiritual process.

“They told me to trust in Holy water and God’s healing.

Religious leaders should encourage modern treatment alongside
Faith” [PWE4].

7.DISCUSSION

The study explores the perceptions, beliefs and attitude of clergy in Addis Ababa, Ethiopia, towards epilepsy and its treatment, revealing a complex relationship between spiritual and medical views. Significant portions of clergy beliefs epilepsy is primary caused by spiritual forces, such as demonic possession or evil spirits. The perception of epilepsy as spiritually induced condition is consistent with findings from other studies in Ethiopian and across Africa. For instance, one study from Ethiopia found that 58.7% of respondents attributed epilepsy to spiritual possession (50) . This beliefs, rooted in cultural and religious traditions, remains prevalent despite increasing awareness of medical causes among some religious leaders, ,reflecting the strong influence of religious and cultural beliefs on health perceptions(21) .

The result of current study reveal that clergy members often perceive epilepsy through a dual lens, attributing it to both spiritual and medical causes. The dual perspectives –where both spiritual and medical explanations coexist –indicates a lack of complete acceptance of modern medicine, but also a willingness to integrate both approaches and also acknowledge the role of medical causes like stroke and brain trauma. This aligns with previous studies that have documented the prevalence of spiritual explanations for epilepsy in African communities, particularly in Ethiopia, where traditional religious healing practices are deeply entrenched (28).This suggests a partial acceptance of biomedical explanations for epilepsy, though spiritual interpretation remains dominant. This duality reflects a tension between traditional and modern medicine, which has been observed in other studies on epilepsy in religious communities (51).

Clergy members in Ethiopia play an influential role in shaping public attitudes towards health and illness. The strong emphasis on spiritual healing practices as prayer, fasting, and use of Holy water is indicative of cultural context where traditional beliefs often overshadow biomedical treatment. This aligns with finding from previous studies that suggest epilepsy is still largely misunderstood, with spiritual or supernatural explanations dominating in many region of the world(52).however, the clergy also acknowledge medical causes of epilepsy, such as stroke and trauma, particularly when these conditions are easily understood and diagnosed in modern health facilities. This reflects growing acceptance of scientific medicine; although it is often reserved for cases where spiritual explanations seem less convincing.

The stigma surrounding epilepsy is another critical finding in this study where even the mother rejects her child with epilepsy. Many clergy members reported that people with epilepsy often face social discrimination due to cultural misconceptions about the disease, including beliefs that it is contagious or caused by evil spirits. The finding of this study echo those of other studies that have documented the social isolation discrimination, and emotional struggles faced by individuals with epilepsy due to misconceptions about epilepsy (31-33).For this reason, a child is rejected even by

mother. His mother rejected and isolated him for the fear of the condition will be passed to her other children. This stigma can lead to isolations, lack of social support, and reluctance to seek appropriate treatment. This finding is consistent with other studies in Sub-Saharan , where the stigma associated with epilepsy has been linked to delayed diagnosis; inadequate treatment, and social marginalization (53).however, clergy members expressed a desire to reduce this stigma through education and increased awareness, suggesting that religious leaders could play a key role in changing community perceptions.

The clergy's emphasis on prayer and fasting as remedies for epilepsy may inadvertently reinforce stigma and framing the condition as a spiritual failing rather than a medical issue. This aligns with finding from other studies (54) , which have shown that attributing epilepsy to supernatural causes can lead to blame and shame for individuals and their families. This reliance on spiritual remedies often delays or prevents individuals from seeking modern medical treatment, contributing to the treatment gap observed in epilepsy care(25-27).Addressing these misconceptions through targeted education for both clergy and community members is essential to reduce stigma and improving care.

Furthermore, the integration of spiritual and medical approaches emerged as a potential solution to improving epilepsy care. The growing recognition among clergy of the need to integrate spiritual and medical approaches to epilepsy treatment is a promising finding. This finding is consistent with the studies that highlights the potential for integrating traditional and modern healthcare systems to improve epilepsy treatment outcomes (29,30).The clergy generally supported the use of medical treatment, emphasizing that it should not be seen as a contradictory to their faith. Clergy emphasize that taking medication is not a sin and should be seen a part of God's healing process. This view aligns with the growing recognition that faith and medicine need not be mutually exclusive (55). The clergy also acknowledge the importance of maintaining patients 'adherence to medical treatment, urging that both prayer and medication are part of the healing process. This perspective is supported by research showing that religious leaders can help bridge the gap between spiritual beliefs and medical treatment, offering a more holistic approach to care (56). However ,some individuals with epilepsy report being advised by clergy to stop medication and rely solely on spiritual remedies which is contradictory from self-reported finding suggests the possibility of bias in reporting negative habits. Addressing these misconceptions through targeted training and education for clergy members is critically needed to reduce treatment gap, stigma and to improve the overall care of epilepsy.

The clergy's recognition of the need for training is a promising finding. One of the primary challenges clergy face is lack of awareness and formal training about epilepsy. Many participant expressed a desire for education on how to identify epilepsy, provide

first aid, and distinguishing between medical and spiritual causes. This finding is consistent with global recommendations for education in faith-based settings (58), which emphasise the importance of equipping religious leaders with the knowledge and skills to support individuals with epilepsy. Additionally, clergy report practical challenges, such as mistrust due to fraudulent behaviour by individuals pretending to have epilepsy to steal or gain sympathy. This mistrust further complicates effort to provide support and care for genuine case of epilepsy.

Establishing partnership between religious institutions and healthcare provider could enhance the support available to individuals with epilepsy. For example, healthcare providers could offer training sessions for clergy members, while religious institution could serve as community hubs for epilepsy education and support. Such collaborative have been successful on other contexts (58) and could be adapted for epilepsy care.

Limitation:

Several limitations should be noted in this study. First, the sample size of clergy from Addis Ababa may not be representatives of all religious leaders in Ethiopia, particularly in rural areas where traditional beliefs may be more entrenched. This limitation means that the findings might not fully capture the diversity of opinions and practices across different regions of the country. Future research could expand the sample size and include clergy from both urban and rural areas to provide a more comprehensive understanding of how epilepsy is perceived across different cultural contexts.

Another limitation is the reliance on self-reported data from the clergy, which may be subject to bias. Religious leaders might have been hesitant to report negative perceptions about epilepsy or its treatment, especially in a group setting.

Lastly, the study did not assess the perspectives of families' of people living with epilepsy, who could provide valuable insights into how clergy influence their treatment decision. Including in future the voices of families' of people living with epilepsy would offer a more holistic understanding of the challenges and barriers they face in the seeking both spiritual and medical care.

8. CONCLUSION

The study highlights the critical role of clergy in shaping perceptions and response to epilepsy in Addis Ababa, Ethiopia. It also finds out the dual perception of epilepsy as both a medical and spiritual causes are responsible. While spiritual beliefs and practices play a significant role in the management of epilepsy, there is growing recognition of the need to integrate spiritual and medical approaches to epilepsy treatment, as advocated

by some clergy in this study, offers promising avenue for addressing the treatment gap and improving the quality of life for individuals with epilepsy.

The stigma and misconceptions surrounding epilepsy remain significant barriers to effective treatment, and there is a pressing need to educate and awareness –raising initiatives to address these issues. The finding suggests that clergies are open to collaboration with health professionals to improve the understanding and management of epilepsy within their surroundings. Also, it find out the new area of stigma and challenges surrounding individual with epilepsy where misuse of epilepsy as a tool for theft is emerging.

The finding underscores the importance of providing structured training and education for clergy on epilepsy, as well as fostering collaboration between religious institution and healthcare providers. By equipping clergy with knowledge and skills to differentiated between spiritual and medical causes of epilepsy, and by promoting the integration of spiritual and medical approaches ,it may be possible to reduce the treatment gap and improve outcomes for individuals with epilepsy in Ethiopia.

In conclusion, addressing the challenges of epilepsy care in Ethiopia requires a holistic approach that takes into account the spiritual ,cultural ,and medical dimensions of the condition. The clergy as respected and influential members of the community, have crucial role to play in this effort. By working together with healthcare providers, they can help to reduce stigma, improves access to care, and ultimately enhance the quality of life for individuals with epilepsy and their families.

9 RECOMMEDNATION

1. Provide structured training for clergy on epilepsy and its treatment.
2. Foster collaboration between religious institutions and healthcare providers.
3. Launch community awareness campaigns to reduce stigma and misconceptions.
- 4 Integrate spiritual and medical approaches to epilepsy care to address the treatment gap.

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10.APPENDIXES

10.1.APPENDIX ONE :INFORMED CONSENT FORM

My name is Dr.Mesfin Behailu . I am second year neurology resident at Tikur anbessa specialized hospital, college of health science, Addis Ababa University. I am currently collecting data for my research project entitled “perception and beliefs of clergy regarding on epilepsy” at Addis Ababa city, Ethiopia. The purpose of this study is to gain in-depth knowledge of clergy perceptions and beliefs to guide key stakeholders in making appropriate interventions to address issues related with epilepsy.

This form is intended to further ensure the confidentiality of data collected during the study titled above. Research may not benefit or affect you directly, but it makes a positive contribution to solving problems. Confidentiality is guaranteed because pseudonyms are used in the documents. If under no circumstances, do you wish to respond to or continue with the interview, you may do so.

I confirm that I will not report or disclose publicly in any way the information discussed in this interview. I agree not to discuss or interview material related to this study with anyone other than the researcher (or advisors). thank you for your time.

By signing the paperwork, I confirm that I am ready to participate in the interview.

Name of the Participant: _____ Name of the Interviewer _____

Signature: _____ Signature _____

10.2. APPENDIX TWO:

10.2.1 FOCUSED GROUP INTERVIEW GUIDELINE FOR CLERGY

Socio Demographic Information of Participants Name _____ Age

_____ Marital Status _____ Permanent

Resident _____

Religion _____ Educational Status _____

Occupation _____ year of service _____

1) How do you perceive epilepsy within your religious community?

Probe: What are the prevailing beliefs or attitudes toward epilepsy among the clergy in your religious institution?

2. How does your religious background shape the way epilepsy is understood and addressed within your community?

Probe: Are there specific teachings or doctrines that directly relate to epilepsy?

3. In your opinion, how does the clergy's perception of epilepsy impact the support and inclusion of individuals with epilepsy in religious activities?

Probe: Are there any initiatives or practices in place to support individuals with epilepsy in your community?

4. Are there common misconceptions or stigmas associated with epilepsy that you encounter among the clergy?

Probe: How do these misconceptions manifest in your interactions with the congregation?

5. How do you approach counseling or providing guidance to members of your congregation who may be affected by epilepsy or have family members with epilepsy?

Probe: Are there specific resources or support systems you recommend?

6. Are there any religious rituals or practices that are adapted or modified for individuals with epilepsy within your religious community?

Probe: How did these adaptations come about, and how are they perceived by the congregation?

7. How open is the clergy in discussing epilepsy-related topics during religious services or educational programs?

Probe: Have there been instances where addressing epilepsy has led to positive changes or increased awareness?

8. What role do you believe religious institutions should play in raising awareness about epilepsy in the broader community?

Probe: Are there collaborative efforts with healthcare organizations or advocacy groups?

9. How do you think the clergy can contribute to reducing the stigma associated with epilepsy within your religious community?

Probe: Are there specific educational programs or awareness campaigns in place?

10. Have you personally encountered any challenges or barriers in addressing epilepsy-related issues within your religious leadership role?

Probe: How have you navigated or overcome these challenges?

11. Do you believe there is a need for specific training or education among the clergy regarding epilepsy?

Probe: What topics or areas would you identify as essential for such training?

12. How does the clergy engage with healthcare professionals or organizations to support individuals with epilepsy within your religious community?

Probe: Are there established networks or partnerships?

13. In your experience, how has the perception of epilepsy evolved or changed within your religious community over time?

Probe: Are there notable events or factors that have influenced this evolution?

14. How do you try to reconcile religious teachings and interpretations with scientific understanding when discussing epilepsy in your spiritual ministry?

Prob: What is the view of religious leaders on modern medicine regarding epilepsy?

10.3. APPENDIX THREE

10.3.1. KEY INFORMANT INTERVIEW GUIDELINE: PREPARED FOR A NEUROLOGIST.

Socio demographic information

Name _____ Age _____

Education _____ profession _____

Responsibility _____ Experience _____

1) How do you view the understanding of religious leaders about epilepsy?

Prob: How do you see the way clergy try to understand epilepsy from the perspective of modern medicine?

2) Have you ever noticed where someone in our country usually goes first when they are attacked by a epilepsy ?

Prob: Who do patients choose first for help? And what are their reasons?

3) Has epilepsy been adequately treated in our country with modern medical means?

Prob: What are the main reasons why patients are not receiving the standard treatment they need?

4) How would you treat your epileptic patients if they told you they wanted to go to the religious father?

Prob : What benefits does spiritual support provide to a patient suffering from epilepsy?

5) What kind of situations have you seen patients face who have stopped taking their medication during your work time?

Prob :What efforts have been made to understand why patients discontinue their medication? And what needs to be done to solve the problem?

6) What do you believe should be the role of religious leaders in the treatment of epilepsy?

Prob:Is there any attempt or initiative by medical professionals to educate clergy about epilepsy?

7) Are there any solutions that medical professionals have come up with or that you think should be made to tackle epilepsy that binds patients and clergy?

Prob : What do you think should be the way to bring about a solution that involves all the stakeholders involved in the treatment of epilepsy?

8) What do you believe should be done next that could significantly improve the current medical delivery?

prob : How should medical professionals interact with clergy to provide accessible treatment options for epilepsy?

10.4. APPENDIX FOUR

10.4.1. KEY INFORMANT INTERVIEW GUIDELINE: PREPARED FOR EPILEPTIC INDIVIDUALS

Socio demographic information

Name _____ Age _____

Education _____ profession _____

Responsibility _____ duration of illness _____

1) What was your perception of epilepsy like before you had it?

Prob: do you understand epilepsy in your community?

2) Where did you first go to get relief from the epilepsy?

Prob: How do you think clergy help people with epilepsy?

3) What problems have you encountered while living in the community since your epilepsy occurred? How have you tried to solve them?

Prob: What kind of abuse or discrimination have you experienced because of this illness?

4) What is the attitude towards modern epilepsy treatment in your area?

Prob : From whom did you hear about the existence of modern medicine and come for treatment?

5) What would you say if you were told to stop taking any medications without a medical professional since the introduction of modern medicine?

Prob: How effective is modern treatment?

6) What are your opinions on modern medicine and traditional treatment options?

Prob: Where can a person with epilepsy go or what can they find to be cured?

7) What are the factors that prevent people with epilepsy in your community from seeking modern treatment in the first place?

Prob :What kind of work do you believe should be done to prevent these obstacles?

8) How can clergymen working on epilepsy be made aware of the disease?

Prob: Are there a partner organization working on this issue? If not, how should we establish it?

Thank you!

11.1 አባሪ አንድ፡ የፈቃደኝነት ማረጋገጫ ቅጽ

ዶ/ር መስፍን በሃይሉ እባላለሁ። በጥቁር አንበሳ ስፔሻላይዥድ ሆስፒታል፣ ጤና ሳይንስ ኮሌጅ፣ አዲስ አበባ

ዩኒቨርሲቲ የኒውሮሎጂ ህክምና ትምህርት ክፍል ተመራቂ ሐኪም ነኝ ። በአሁኑ ጊዜ በአዲስ አበባ፣

ኢትዮጵያ “የሚጥል በሽታን በተመለከተ የሐይማኖት አባቶች ግንዛቤ እና እምነት” በሚል ርዕስ ለጥናታዊ ፕሮጀክቱ መረጃ እየሰበሰቡኩ ነው። የዚህ ጥናት ዓላማ የሚጥል በሽታ ተማሪዎች ያሉባቸውን ጉዳዮች በተገቢው መንገድ የመፍትሔ እርምጃ እንዲያገኙ ለባለድርሻ አካላት በጥናት ላይ የተመሰረተ የመፍትሔ ሐሳብ ለማመልከት ነው።

ይህ ቅጽ ከላይ በተጠቀሰው ጥናት ወቅት የሚሰበሰቡትን መረጃዎች ምስጢራዊነት የበለጠ ለማረጋገጥ የታሰበ ነው። ምርምሩ በቀጥታ ለእርስዎ ጥቅም ላይሰጥ ይችላል ነገር ግን ችግሮችን በተሻለ መንገድ ለመፍታት አወንታዊ አስተዋጽኦ ያደርጋል። በሰነዶቹ ውስጥ የመለያ ስሞች ጥቅም ላይ ስለሚውሉ ምስጢራዊነቱ የተረጋገጠ ነው። በምንም አይነት ሁኔታ ለቃለ መጠይቁ ምላሽ ለመስጠት ወይም ለመቀጠል ካልፈለጉ ይኸንን አለማድረግ ትችላላችሁ። በዚህ ቃለ መጠይቅ ላይ የተብራራውን መረጃ በምንም መልኩ እንደማልገልጽ ወይም በይፋ እንደማልገልጽ አረጋግጣለሁ። ከተመራማሪው (ወይም አማካሪዎች) በስተቀር ከዚህ ጥናት ጋር በተያያዙ ጉዳዮች ላይ ላለመወያየት ወይም ቃለ መጠይቅ ከማንም ጋር ላለማድረግ ተስማምቻለሁ። ስለ ጊዜዎ እና መሰጠት ለን።

በወረቀቱ ላይ በመፈረም በቃለ መጠይቁ ላይ ለመሳተፍ ዝግጁ መሆኔን አረጋግጣለሁ።

የተሳታፊ ፊርማ----- የአወያዩ ስም-----

ፊርማ ----- ፊርማ-----

11.2 አባሪ ሁለት ፡ የቡድን ቃለ መጠይቅ ለሚሳተፉ ቀሳውስቶች የተዘጋጀ ማመላከቻ ቃለ መጠይቅ ፡

የተሳታፊዎች ማህበራዊ ስነ-ሕዝብ መረጃ

ስም _____ ዕድሜ _____ የጋብቻ ሁኔታ _____ ቋሚ ነዋሪ _____

ሃይማኖት _____ የትምህርት ደረጃ _____ ሥራ _____ የአገልግሎት ዓመት _____

1) እንደ ሐይማኖት አባትነታችሁ የሚጥል በሽታን እንዴት ነው የምትረዱት?

አጋዥ ፡- በሃይማኖታዊ ተቋማችሁ ውስጥ ያሉ ቀሳውስቶች የሚጥል በሽታን በተመለከተ ያሏቸው አረዳድ ወይም አመለካከቶች ምንድናቸው ?

2) ሃይማኖታዊ አስተምሯችሁ በማህበረሰቡ ውስጥ የሚጥል በሽታ የሚረዳበትን መንገድ የሚቀርጸው እንዴት ነው?

አጋዥ ፡- የሚጥል በሽታን በቀጥታ የሚመለከቱ ልዩ አስተምሮቶች ወይም ትምህርቶች አሉት ?

3) በእርስዎ አስተያየት የሚጥል በሽታ ያለባቸውን ግለሰቦች በሃይማኖታዊ እንቅስቃሴዎች ውስጥ ለመደገፍ እና ለማካተት የቀሳውስቱ ግንዛቤ ምን ይመስላል?

አጋዥ ፡- በእናንተ የሐይማኖት ተቋም ውስጥ የሚጥል በሽታ ያለባቸውን የህብተረሰብ ክፍሎች ለመደገፍ ምን አይነት ተነሳሽነት ወይም ልምምዶች አሉ?

4) ከሚጥል በሽታ ጋር በተገናኘ በቀሳውስቱ መካከል የሚያጋጥሙ ያልተገቡ አመለካከቶች ወይም መገለሎች ምን ይመስላሉ ?

አጋዥ ፡- እነዚህ የተሳሳቱ አመለካከቶች በስራ ግንኙነት ወቅት እንዴት ይፀባረቃሉ ?

5) በሚጥል በሽታ ለተጠቁ ወይም በቤተሰብ ውስጥ የሚጥል በሽታ ላለባቸው አባላት የምክር ወይም የእርዳታ አገልግሎት እንዴት ነው የምትሰጡት ?

አጋዥ : እርስዎ የሚያቁት የድጋፍ አይነት ወይም ድጋፍ ሰጪ ሥርዓት አለ?

6) በሐይማኖታችሁ አስተምሮ ውስጥ የሚጥል በሽታ ላለባቸው ግለሰቦች ምቹ ወይም የተሻሻሉ ሃይማኖታዊ ሥርዓቶች ወይም ልማዶች አሉ?

አጋዥ :- እነዚህ ማስተካከያዎች የተገኙት እንዴት ነው? እናንተስ በአስተምሯችሁ እንዴት ትረዷቸዋላችሁ ?

7) በሃይማኖታዊ አገልግሎቶች ወይም ትምህርታዊ ፕሮግራሞች ወቅት ቀሳውስቱ ከሚጥል በሽታ ጋር በተያያዙ ርዕሰ ጉዳዮች ላይ ለመወያየት ምን ያህል ግልፅ ናቸው?15. በማህበረሰባችሁ ውስጥ የሚጥል በሽታ ያለባቸውን ግለሰቦች ለመደገፍ ቀሳውስቱ ከጤና አጠባበቅ ባለሙያዎች ወይም ድርጅቶች ጋር እንዴት ይሳተፋሉ?

አጋዥ: የሚጥል በሽታን በተመለከተ አዎንታዊ ለውጦች ወይም ግንዛቤ እንዲጨምር ያደረጉባቸውን አጋጣሚዎች ያካፍሉን ?

8. ስለ ሚጥል በሽታ በሰፊው ማህበረሰብ ዘንድ ግንዛቤ ለማስጨበጥ የሃይማኖት ተቋማት ምን ሚና ሊጫወቱ ይገባል ብለው ያምናሉ?

አጋዥ: ከጤና አጠባበቅ ድርጅቶች ወይም አጋር ቡድኖች ጋር የትብብር ጥረቶች አሉ?

9 በእምነቱ ተከታዮች ዘንድ ከሚጥል በሽታ ጋር ተያይዘው የሚመጡትን መገለሎች ለመቀነስ ቀሳውስቱ ምን ማድረግ አለባቸው ብለው ያምናሉ?

አጋዥ: ልዩ የትምህርት ፕሮግራሞች ወይም የግንዛቤ ማስጨበጫ ዘመቻዎች ካሉ ቢገልጹቸው?

10.እንደ መንፈሳዊ አገልግሎት ሰጪነቱ ከሚጥል በሽታ ጋር የተያያዙ ችግሮችን ለመፍታት በግልፅ ምን አይነት ተግዳሮቶች ወይም እንቅፋቶች አጋጥመውዎት ያውቃሉ?

አጋዥ: እነዚህን መሰናክሎች እንዴት ተወጣችኋቸው ወይም አሸንፏቸው?

11.የሚጥል በሽታን በተመለከተ ለቀሳውስቱ የተለየ ሥልጠና ወይም ትምህርት ያስፈልጋል ብለው ያምናሉ?

አጋዥ: ለእንደዚህ አይነት ስልጠና አስፈላጊ እንደሆኑ የሚለዩዋቸው ርዕሶች ወይም ዘርፎች የትኞቹ ናቸው?

12. በማህበረሰባችሁ ውስጥ የሚጥል በሽታ ያለባቸውን ግለሰቦች ለመደገፍ ቀሳውስቱ ከጤና አጠባበቅ ባለሙያዎች ወይም ድርጅቶች ጋር እንዴት ይሳተፋሉ?

አጋዥ: የተቋቋሙ ድጋፍ ሰጪ ማህበራት ወይም አጋሮች አሉ?

13. ታማሚዎች ወደ እናንተ መፍትሔ ለማግኘት ሲመጡ በሐኪም በታዘዙ መድሐኒቶችን ዙሪያ ምን ብላችሁ ሐሳብ ትሰጣላችሁ?

አጋዥ: ታማሚዎቹ መድሐኒታቸውን እና መንፈሳዊ አገልግሎታቸውን እንዴት እንዲወስዱ ነው የምታግዟቸው?

14 በእናንተ መንፈሳዊ አገልግሎት መሰረት ስለ ሚጥል በሽታ ስትወያዩ ሃይማኖታዊ ትምህርቶችን እና አረዳዶችን ከሳይንሳዊ ግንዛቤ ጋር እንዴት ለመረዳት ተሞክራላችሁ?

አጋዥ: የሚጥል ህመምን በተመለከተ የሐይማኖት አባቶች በዘመናዊ የህክምና ላይ ያላችሁ አመለካከት ምን ይመስላል?

11.3 አባሪ ሶስት : ለነርቭ የህክምና ባለሙያ የሚቀርብ ቃለ መጠይቅ :

1) ስለ ሚጥል በሽታ የሐይማኖት አባቶች ያላቸውን ግንዛቤ እንዴት ያዩታል?

አጋዥ :-ቀሳውስቶች የሚጥል በሽታን የሚረዱበትን መንገድ ከዘመናዊ ህክምና አንፃር እንዴት ያዩታል?

2) በኛ ሀገር በሚጥል ህመም አንድ ሰው ሲጠቃ መጀመሪያ የት መሔድን ሲያዘወትር ተመልክተዋል ?

አጋዥ:- ታማሚዎች መጀመሪያ እርዳታ ለማግኘት የሚመርጧቸው እነማንን ነው? ምክንያታቸው ስምንድናቸው ?

3) የሚጥል በሽታ በሀገራችን በዘመናዊ ህክምና መንገድ በበቂ ሁኔታ ማከም ተችሏል ወይ?

አጋዥ:- ለታካሚዎች በሚፈለገው መንገድ ህክምና መስጠት ያልተቻለባቸውን ዋና ዋና ምክንያቶች ቢጠቅሱ?

4) ቲማሚዎች ወደ ሐይማኖት አባት መሔድ እንደፈለጉ ቢያምክሩት እንዴት ያስተናግዷቸዋል?

አጋዥ:- መንፈሳዊ ድጋፎች በሚጥል ህመም ለተጠቃ ታማሚ ምን ፋይዳ ይሰጧቸዋል?

5) በስራ ዘመኖ መድሐኒት ያቋረጡ ታካሚዎች ምን አይነት ሁኔታ ሲገጥማቸው ተመልክተዋል ? አጋዥ:-
ታማሚዎች መድሐኒታቸውን የሚያቋርጡት በምን ምክንያት እንደሆነ ለማወቅ ምን ጥረት ተደርጎ አይተዋል?
ችግሩን ለመፍታት ምን መሰራት አለበት?

6) የሐይማኖት አባቶች በሚጥል ህመም ዙሪያ የሚኖራቸው ሚና ምን መሆን አለበት ብለው ያምናሉ?

አጋዥ:- በህክምና ባለሙያዎች ለቀሳውስቶች በሚጥል ህመም ዙሪያ ግንዛቤ እንዲኖራቸው የደረገ ሙከራ
ወይም ተነሳሽነት አለን?

7) ታማሚዎችን እና ቀሳውስቶችን አስተሳሰብ የሚጥል ህመምን መግታት የሚያስችል የመፍትሔ ሐሳብ
በህክምና ሙያተኞች የተደረገ ካለ ወይም መደረግ ያለበት ብለው የሚያስቡት አለን?

አጋዥ:- በሚጥል ህመም ዙሪያ የሚመለከታቸውን አካላት አካቶ መፍትሔ ሊያመጣ የሚችል መንገድ ምን
መሆን አለበት ይላሉ?

8) አሁን ያለውን የህክምና አሰጣጥ በላቀ ሁኔታ ሊያሻሽል የሚችል በቀጣይ ምን መድረግ አለበት ብለው
ያምናሉ?

አጋዥ:- የሚጥል በሽታን ተደራሽ ሊያደርግ የሚችል የህክምና አማራጭ ለመስጠት የህክምና ሙያተኞች
ከቀሳውስቶች ጋር ምን አይነት መስተጋብር መፍጠር አለባቸው?

11.4 አባሪ አራት :የሚ ጥል ህመም ያለባቸውን ታማሚዎች ለመጠየቅ የሚውል

ቃለ መጠይቅ ዝርዝር:

1) የሚጥል ህመም ከመታመምዎ በፊት በህመሙ ዙሪያ የነበርዎት ግንዛቤ ምን ይመስል ነበር?

አጋዥ:- በእናንተ ማህበረሰብ ውስጥ የሚጥል ህመምን እንዴት ነው የምትረዱት?

2) ከሚጥል ህመም ለመዳን መጀመሪያ ላይ የት ቦታ ነበር የሔዱት?

አጋዥ:- ቀሳውስት/የሐይማኖት አባት የሚጥል በሽታ ያለባቸውን ሰዎች እንዴት ይረዳሉ ብለው ያስባሉ?

3) የሚጥል ህመም በራስዎ ላይ ከተከሰተ ወዲህ ከማህበረሰቡ ጋር ሲኖሩ ምን ችግር ገጥሞት ያቃል ? እንዴትስ ለመፍታት ሙከራ አደረጉ?

አጋዥ:- በዚህ ህመም የተነሳ የደረሰብዎት በደል አለያም መገለል ምን ይመስላል?

4) በአካባቢያችሁ ስለ ዘመናዊ የepilepsy ህክምና ያለው አመለካከት ምን ይመስላል?

አጋዥ:- ዘመናዊ ህክምና መኖሩን እርስዎ ከማን ሰምተው ወደ ህክምና መጡ?

5) ዘመናዊ ህክምና ከጀመሩ ወዲህ ከህክምና ባለሙያ ወጪ መድሐኒት እንዲያቋርጡ ቢነገርዎት ምን ይላሉ?

አጋዥ:- ዘመናዊው ህክምና ምን ያክል ውጤታማ ነው?

6) በዘመናዊ ህክምና እና በባህላዊ የመፍትሔ አማራጭ ዙሪያ ምን አስተያየት አለዎት?

አጋዥ:- በሚጥል ህመም የተያዘ ሰው መዳን የሚችለው የት ሲሔድ አለያም ምን ሲያገኝ ነው?

7) በእናንተ ማህበረሰብ ውስጥ የሚጥል ህመም ያለባቸው ሰዎች መጀመሪያ ወደ ዘመናዊ ህክምና እንዳይሔዱ የሚያደርጓቸው ምንድናቸው?

አጋዥ:- እነዚህን መሰናክሎች ለመከላከል ምን አይነት ስራ መሰራት አለበት ብለው ያምናሉ?

8) በሚጥል ህመም ዙሪያ እየሰሩ ያሉ የሐይማኖት አባቶችን እንዴት ተደርጎ ስለ በሽታው ግንዛቤ መስጠት ይቻላል?

አጋዥ:- በዚህ ጉዳይ የሚሰሩ አጋር ድርጅት አሉን? ከሌለስ እንዴት መቋቋም አለብት?

አመሰግናለሁ !!

