

Comparison of Self-Esteem and Quality of Life among Epileptics and Non-Epileptics in Peshawar

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Abstract



The current study aim was to investigate the impact of epilepsy on self –esteem, and quality of life among epileptics and non- epileptics. A sample of (N=200) participants was included in the study which consisted (n=100) were epileptics and (n=100) were non-epileptics. The sample was selected from different hospitals and institute of Peshawar. For the assessment of self-esteem, and quality of life different questioners were used such as self- esteem scale (Rosenberg, 1965),and Brief quality of life scale (Frykhedan et al., 2015). Independent Sample T-test was run through data for analysis and hypothesis testing. It was supposed that self- esteem and Quality of life will be low among epileptics as compared to non- epileptics. Result of the study indicated that epileptics have low self- esteem and low quality of life as compared to non -epileptics. So it is concluded from the present study that epileptic patients has low self- esteem and quality of life.

Keywords: Epileptic, Non Epileptic, Self-esteem, Quality of Life.

Introduction

Epilepsy is a neurological disorder which involves seizure or attacks created by an irregular electrical signal of the brain (Yemadje et al., 2011) some unexpected changes occur in the electrical signal of the brain which disturbs their messaging system and creates persistent seizure to epileptic patients (Nordqvist., 2017).

Epilepsy is followed by consistent seizure because it is a disorder of brain cell. It is a long lifetime tendency, during life the seizure may start at any time and arise frequently or infrequently. Some people face epilepsy in their entire life and some only for a few years. Epilepsy may cause after a specific identifiable event (e.g head injury, asphyxia, meningitis), in this case, it's known as symptomatic epilepsy, and idiopathic epilepsy when it may cause without any identifiable event.

An epileptic seizure is defined conceptually as: “a transient occurrence of signs/ symptoms due to abnormal excessive or synchronous neuronal activity in the brain.” This definition was updated most recently by the international league against epilepsy in 2005 (Fisher et al., 2005 & Falco-Walter, et al., 2018).

Epilepsy usually a persistent neurological disorder, are consisted different types of seizures organized from little “auras” to grand mal seizure which are frequently represented on television with unconscious and convulsion (Kerson et al., 1999).

In the world epilepsy is considered as a chronic neurological disorder which is characterized by two or more unwarranted seizures, nowadays fifty million individuals are affected by epilepsy (Shorvon, 1996., WHO, 2016).

The most important symptoms of epilepsy are repeated seizures, epileptic patients may experiences convulsion, confused memory or short spells of blackout during uncontrollable bladder or bowel, intermittent fainting spells also followed by regular tiredness. For a brief period of time, the person is unable to respond to questions or instructions. For no apparent reason, the person becomes suddenly rigid. The person becomes fall down with no clear reason. Without any external stimuli, the individual suddenly falls down and blinking or chewing, for a short period of time the person unresponsive to communicate. Start an inappropriate repetitive movement. They may even panic or

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become angry and also fearful for no clear reason. Unusual changes occur in senses such as touch, sound, and smell. Rapid jerking movement start by the arms, legs or body jerks (Nordqvist, 2017).

Epilepsy affects people in each state of the world. According to a World Health Organization review, concerning 50 million people universal experience from epilepsy and approximately 90% of them are established in the developing countries (World Health Organization, 2000).

Epilepsy is not only a medical condition but it have some psychological and social consequences which the epileptic people faces in their life and have a negative impact on the individual personality who suffers from epilepsy, but more affected the personality of those people who have temporal lobe epilepsy(temporal lobe epilepsy is a disorder of nervous system followed by unprovoked and regular focal seizure arise in the temporal lobe of the brain (Stith, 2015) because it is associated with individual emotional responses which lead toward personality disorder (Hills & Bater, 1992) and also generate generalized anxiety disorder, post-traumatic stress disorder, obsessive-compulsive disorder, panic disorder (Heersink et al., 2015)

Self-esteem is referred by the self-concept and thinking about oneself, it is a positive or negative attitude about oneself (Smith & Mackie, 2007).

Self-esteem is characterized by the person overall evaluation of self-worth and how much he/she appreciates and like himself or herself (cherry, 2017).

Positive self-esteem is a requirement for all human beings, necessary to good adaptation, and considerations related to the individual ideal functionality and personal fulfillment or satisfaction. Self-esteem is indicated the attitude of appreciation or disapproval and express the degree to which the person believes himself or herself to be sufficient, capable, important, worthy and successful. In brief, self-esteem is referred by individual own personal judgment of capable or worthlessness that indicated in the attitude which holds by an individual toward herself/ himself (Francisco et al., 1967). Negative self-esteem is related to the individual lower life satisfaction and poor psychosocial adjustment. (Collings, 1995).

Self-esteem means to give value themselves and self-esteem of epileptic patients is influenced by the feeling about their epilepsy disorder and also affected by the perception and reaction of other people toward patients (Siqueira et al., 2011)

Self-esteem is powerfully associated with confidence, adjustment, educational independence and vocational achievement (Rosenberge, 1965 & Wells, 1976). Many studies investigated that epileptic people tend to measure themselves negatively (Collings, 1990., Moore, Baker, Mc Dade, Chadwick & Brown, 1994) and this negative evaluation lead toward other areas of difficulties in life such as social interpersonal relationship, satisfactory of employment and fulfillment of life, individual who develop negative perception about world, life, self and future, feel helplessness or hopelessness (Abramson *et al*, 1989) and consider himself responsible for such negative events (Lee, 2007).

Kutlu Ayse et al., (2013) conducted a study “To Assess Self-esteem, Social Phobia, and Depression of Epileptic Patient”. The study consist of 132 samples participated voluntarily in the study; age range of the patient group was 21-52 and the control group was 25 to 60. The data was collected through Liebowitz social anxiety scale; coppersmith self-esteem inventory and the Beck depression inventory. The result showed that low self-esteem, social anxiety, and depression commonly exist independently in an epileptic patient.

Siqueira et al., (2011) investigated a study “Compare the Self Esteem of Adolescence with Epilepsy and Adolescence without Epilepsy and relate it to Social Support and Seizure Controllability Perception”. The included sample consisted of 30 epileptic patients and 30 control subjects. The following instruments were used such as semi-structured interview, identification card with demographic and epilepsy data, self-esteem multidimensional scale. Finding of the study showed that majority of epileptic people who have knowledge about epilepsy reported high self-esteem, high level of social support and seizure controllability as compared to those patients who don’t have knowledge about epilepsy.

Turkey et al., (2016) conducted a study on “Self-esteem and Associated Factors in Epileptic Patients”. Cross-sectional study was used. 20 participants were taken and Rosenberg self-esteem scale was administered. The result revealed low self-esteem in epileptic patients, better education and acceptance of illness can improve self-esteem.

Hill M.D and Baker P.G, et al., (1992) find out that self-esteem has a positive relation with knowledge about epilepsy and negatively associated with seizure rate and anticonvulsant dosage and also find out that education about epilepsy may effectively increase the self-esteem of epileptics.

The perception of disability is more influential than the disorder and the frequency of seizure, in distressing employment and social activities (Stanley, P.J *et al.*, 1982 as cited Lau *et al.*, 2002) Evidence explored that people self-perception and seizure severity are associated with each other, such that severity of seizure is related to external locus of control and low self-esteem (Smith, D.F *et al.*, 1991).

For a patient with epilepsy financial issue is also the main problem (Dodrill et al., 1984). The majority of epileptic patients survive with their parents, institutions or foster home as reported by a Dutch study (Sachin,et al., 2008). When the duration of epilepsy is longer, the psychological issues become worse (Shackleton et al., 2003). They have an impact on the quality of life (Chaplin, 1992).

Quality of life is the personal sense of measurement about the goodness and other multiple aspects which occur in their life. These measurements include the emotional reaction of individual and sense of life satisfaction, fulfillment and satisfied from personal relationships and from their work (Diener et al., 1999)

According to the world health organization the quality of life is related to the individual position in the society, his or her expectation and how they meet their goals, what their goal is and the personal relation with their surroundings, their personal beliefs or perception (Jacoby et al., 2009).

Quality of life defined by world health organization as the individual view of their position in entire life on the basis of values and culture system and their relation with their goals, standard, expectation, and concern. Quality of life is referred from a broad concept in a complex way such as the individual psychological state, physical health, social relationship, level of independence, personal belief and their association to a salient feature of the surrounding (Guekht et al., 2006).

Quality of life is the individual level of satisfaction from their real life scope comparing with his her ideal life. The assessment of the quality of life is dependent on the person-environment, culture values, and system (Ruzevicius, 2014).

According to the world health organization, health is defined as a condition of complete mental, physical and social wellbeing. It is believed that a healthy individual enjoys a satisfactory quality of life as compare to disable persons. The epileptic or disable person quality of life is affected by different encounters like gender, age, marital status, place of living, health status, employment, socioeconomic status (Lodhi et al., 2019).

An epileptic individual constantly reports a lower quality of life. The clinical characteristic of seizure and unpredictable nature of seizure lead the patients toward the diminished quality of life. A repetitive and prolonged seizure can cause psychological comorbidities, restriction lifestyle which related to low quality of life (Dell et al., 2007) Epilepsy may prevent social functioning by reducing the employability and educational opportunities and interpersonal relationship and also enhance the chances of death (Hailu & Endalew et al., 2018).

Epileptic people have been shown the lower quality of life because they are more likely to have anxiety, depression and poor self-esteem (sonail et al., 2015). And these people may suffer from stigmatization, social isolation and lack of understanding these all cause poor quality of life (Ali et al., 2016). Several authors investigated the impact of several factors on quality of life, such as the quality of life of epileptic patients dependent on the duration of disease, antiepileptic therapy and also reported that quality of life was poor in partial seizure patients (Alla et al., 2007).

Epileptic patients have experiences with difficulties to face or deal with schooling, employability and stigmatized these factors may affect the lifestyle of epileptic patients other encounters such unavailability of antiepileptic medication, shortness of medical services, lack of awareness of medical treatment (Gebre et al., 2018). Lack of understanding about epilepsy, discrimination workplace, negative attitude of society toward patients, socioeconomic status, comorbidity frequency of seizure these all cause low quality of life and affect the lifestyle of epileptic patients (gujjarlamudi et al., 2014).

Phabphal et al.,(2009) examined a study “To Determine the Risk Factors for a Low Quality of Life in Epileptic Patients. Conducted a cross-sectional study at songklanagarind hospital Thailand. The age range of the sample was 15-50 years old, who had taken treatment more than three months of antiepileptic drugs. All sample fulfill self-report questionnaire that included questions about hospital

anxiety, depression, quality of life (QOLIE-31), occupation, age, sex, education level, marital status, seizure frequency, medical insurance, duration of epilepsy, trauma due to seizure activity and mediation analysis. The result indicates that frequency of seizure, depression, anxiety, history of trauma due to seizure are significantly related with low quality of life, and additionally showed that demographic variables such as age, sex, occupation, etc. were not related with low quality of life among epileptic patients.

Djibuti & Shakarishvili (2003) investigated a study on “To Identify the Clinical, Demographic and Socioeconomic Factors that are Associated with a Poor quality of Life in Epileptic Patients in Georgia”. Clinical, demographic data were selected from 115 epileptic patients; quality of life of epileptic patients was measured through the quality of life inventory (QOLIE-31) and multiple regression analysis was conducted to find out which variable was related with low quality of life. According to this study, it revealed that clinical factors and demographic variables have a strong impact on the quality of life like duration of seizure, frequency of seizure, advanced age, low education, etc.

Tlusta et al., (2008) conducted a study “To Investigate Different Clinical and Demographic Variables on the quality of life in epileptic patients in the Czech Republic”. It was found that frequency of seizure, psychiatric co morbidity to be a risk factor for the low quality of life of the epileptic patient.

Durugkar & Gujjarlamudi et al., (2014) examined a study “To Identify the Quality of Life in Epileptics, the Risk Factors and many Unseen Reasons for their Wretched Quality of life. A structured questionnaire was administered on the sample to collect different information regarding various factors such as seizure characteristic, demographic profile, causes of epilepsy, attitude toward medical treatment. Result of the study indicated that all various factors such as anxiety, depression, socioeconomic status, frequency of seizure these all have cause low quality of life of epileptic patients.

Gholam et al., (2016) investigated a study “To Evaluate the Quality of Life of Epileptic Patients in Comparison to Healthy Persons”. The sample consisted of 52 epileptic patients 28 were male and 24 were female. Every epileptic patient compares with two healthy persons. Short form health survey (SF-36) was used and for data analysis, Pearson correlation coefficient and in depended t-test was conducted. It was found that epileptic disorder plays a great role in low quality of life.

Rationale

Epilepsy is a common neurological or medical condition which may occur among all ages of people, irrespective of sex and races (Hung, 2003).epilepsy affected fifty million people worldwide (WHO, 2005). The literature of epilepsy showed psychological and social disorder which is commonly occurring in epileptic people is considering more handicapped then the seizure themselves. For example social isolation, anxiety, depression and low self- esteem and low quality of life (Mirmics et al., 2001).

Majority of epileptic people who have knowledge about epilepsy reported high self-esteem, high level of social support and seizure controllability as compared to those patients who don't have knowledge about epilepsy (Siqueira et al., 2011) other study showed that low self-esteem, social anxiety and depression commonly exist independently in epileptic patient (Kutlu Ayse et al., 2013).

The quality of life is affected by epilepsy but the quality of life of women, older patients of epilepsy and those people who have simple partial seizure and recent seizure they are more affected (Naik et al., 2011).

There is a negative relationship exists between the frequency of seizure and the quality of life e.g. when the frequency of seizure increase the all domains of quality of life will be decrease such as social functioning, emotional wellbeing and cognitive functioning (Najam & Rashid, 2010).

A lot of studies have been done about self-esteem, depression , anxiety and quality of life of epileptic people but in Peshawar such type of studies are not conducted and this study focus on self-esteem, and quality of life of 200 epileptics and non-epileptics people age range from 18 to 45 from different institute and hospital of Peshawar city.

Objective

- To assess the self-esteem of epileptics and non-epileptics.
- To find out the quality of life of epileptics and non-epileptic

Hypotheses

- The level of self-esteem will be low in epileptics as compared to non-epileptics
- The quality of life of epileptics will be low as compared to non-epileptics

Statement of the problem

The current research aims to study the self-esteem and quality of life among epileptics and non-epileptics in Peshawar. It helps us to know thoroughly about how epileptic patient differ to non-epileptic on the basis of several variables and how epilepsy affect their self-esteem and quality of life.

Methodology

Sample

The total sample of present study consisted of 200 (N=200) participants of epileptics (n=100) and non- epileptics (n=100) and age range of the sample was 18 to 40 years determined through purposive sampling technique from different hospitals and institutes of Peshawar.

Demographic sheet

For the current study, a detailed demographic sheet was used. This demographic sheet covers the important information regarding participant name, gender, age, occupation, education level, family members, birth order, marital status, the onset of epilepsy, medical history of patient, etc.

Instruments

Self-Esteem Scale

The self-esteem scale was developed by Morris Rosenberg in (1965). It is most commonly used for measuring self-esteem; it is a 10 questions scale five positive statement and five negative statements with answered on a four point likert scale. it start with value SA which represent strongly agree to SD for have strongly disagree, the reliability of self- esteem score for sample was high such as 0.84 was for male and 0.87 for female (Hatcher, Hall, 2009).

Brunnsviken Brief Quality of life Scale (BBQ)

Brunnsviken brief quality of life scale developed by Linder et al., (2016) which assess the quality of life of individuals. It consist of 12 items and answers will be given by 5 option answers scale, start with value 0 for Do not agree to value 4 for agree completely. It consists of six life areas (view on life, creativity, friends, leisure time, learning, friendship and view on self). This scale is with good convergent validity and good concurrent validity, high internal and test retest reliability (Frykhedan et al., 2015).

Procedure

In the current research, before data collection, different hospitals and institute were approached, which include LRH, KTH and Shaheed Benazir Bhutto Women University. The participants were informed about the purpose of the research. Researcher informed participants that the collected data will be used for research purpose only and the result will be kept confidential. After taking the informed consent, the booklet comprising of the mentioned two test along with demographic sheet was provided to each participant. After collection of data, the responses are recorded and they were thanked for their participation.

Result

Table 1

Mean standard deviation and *t* value of self-esteem of epileptics and non-epileptics (N =200)

	<i>N</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>	<i>Cohen's d</i>
Epileptics	100	25.1200	3.57115	-9.505	.000	-1.344
Non-epileptics	100	29.3100	2.58471			

Table 1 shows highly significant differences between the scores of epileptics and non-epileptics on self- esteem scale. The result shows that epileptics have low self- esteem as compared to non- epileptics, so its supported the 1st hypothesis.

Table 2
Mean standard deviation and *t* value of Quality of life of epileptics and non-epileptics (N=200)

	<i>N</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>	<i>Cohen's d</i>
Epileptics	100	25.5300	9.44036			
Non-epileptics	100	69.3000	15.98832	-23.574	.000	-3.333

Table 2 shows highly significant differences between the scores of epileptics and non-epileptics on quality of life scale. The result show that epileptics have low quality of life as compared to non- epileptics, it's supported the 2nd hypothesis.

Overall **result findings** concluded that self-esteem and quality of life was found low among epileptic as compared to non-epileptic.

Discussion

Epilepsy is defined as “A severe disorder in which unstructured tendency to repeated seizures which effects an individual behavioral, cognitive, social, and psychological functioning. The patients with epilepsy experienced different problems that result in depression, anxiety, low self-esteem, and low quality of life (Ayse & Serap, 2016). The present study was aimed to investigate self-esteem, and quality of life of epileptics and non-epileptics.

It was hypothesized that self-esteem will be low among epileptic patients as compared to non-epileptics. Epileptic people have low self-esteem because they adversely criticize themselves and not accepting their disorder because of such disorder they evaluate themselves inferior from other people and ignore his/her positive qualities. Epileptic people have also low marriages rate that's why they have low self-esteem. Sometime epileptic people face stigmatization in society and they feel that they are burden to their parents and family which lead toward low self-esteem. Epilepsy disorder impaired the patient independency and cause poor academic achievement which lead toward sense of helplessness and hopelessness. The persistent feeling of criticism and self-blaming can cause the patient depression, anxiety, anger, guilt and sadness. The literature also suggests low self-esteem among epileptic patients. Result of the present study (table 1) revealed a significant difference between the scores of epileptics and non-epileptics. Epileptic patients score low on self-esteem scale as compared to non-epileptics that is $t = -9.505$, $p = .000$ the result supported the hypothesis of the study, similar finding revealed from past studies.

Turkey, et al., (2016) conducted a study on “Self-esteem and Associated Factors in Epileptic Patients”. 20 participants were taken and Rosenberg self-esteem scale was administered. The result revealed low self-esteem in epileptic patients, better education and acceptance of illness can improve self-esteem. Hoare *et al.*,(1994) conducted a study to assess the relationship between behavioral adjustment and self-esteem in epileptic and diabetes patients. The total sample of the study consists of 91 diabetes and 61 epileptics. Self-esteem and behavioral adjustment were measured through Harter and Achenbach questionnaires. It was concluded that epileptic have low self-esteem and adjustment problem as compared to diabetes.

Gauffin et al., (2010) “Investigated Self-esteem and Sense of Coherence in a Group of Young Adults with Epilepsy and Compare the Result with those Obtained 5 Years Earlier”. The total sample of the study consisted of 97 patients. Questionnaires were conducted about the sense of coherence, and medical characteristics. The result indicated that there was a decreasing in the rate of self-esteem and sense of coherence among young epileptic adults in overtimes.

According to the 2nd hypothesis, it was assumed that quality of life will be low among epileptics as compare to non-epileptics. Epileptic patients have been reported poor quality of life because they experience the negative attitude of society toward them and social domains. The number of antiepileptic drugs and the age onset of epilepsy can also affect the quality of life of epileptic patients. Epileptic patients have faces a problematic relationship with spouse or with family because of his/ her disorder and failed to fulfill the commitment of family and society. A numbers of some other factors have a negative impact on quality of life of epileptic patients such as side effect of medication, long duration of epilepsy, type of seizure, lack of social support, epilepsy effect the independency and autonomy of patients and peer relationship which lead the patient toward low quality of life. Result supports our second hypothesis by showing a significant difference between epileptics and non-epileptics. Table 2 showed that epileptics have low quality of life as compared to

non-epileptics as compared to non-epileptics. Difference were found as ($t = -23.574, p = .000$). Weerd et al., (2004) also suggested that partial epileptic patients have a more impair quality of life as compare to non-epileptics. A research was conducted by sheety, Naik et al., (2011) "To Investigate the Quality of Life of Epileptic People which is affected by Epilepsy, Medication and other Aspects in their Life". For this purpose, 60 patients were taken who have generalized and partial epilepsy the age range more than 18 years and the quality of life was measured by QOL-89 instrument. The result showed that quality of life is affected by epilepsy but the quality of life of women, older patients of epilepsy and those people who have a simple partial seizure and recent seizure they are more affected Baker G.A et al, (1997) conducted a study "To Investigate the Effect of Epilepsy and its Treatment on Epileptic People in Europe". Data were collected about quality of life from 5,000 samples belonging in 15 countries in Europe. The sample was differently reported about the frequency of seizure and the side effect of treatment and medication. The finding showed that decreasing the side effect of medication and well control of seizure have positively associated with high quality of life of epileptic patients. Chung et al., (2012) evaluated that epileptic people reported significant difficulties with physical and psychosocial functioning and have a negative feeling toward oneself and also reported the poor quality of life. Anu, et al (2016) the purpose of the study was "To Examine the Quality of Life and to Find Out the Various Factors that Impact on the Quality of Life of Epileptic Patients". Two groups of participants were taken the one group who were on antiepileptic drugs, and those who were free from seizure in the previous 24 hours. The finding indicated that the treatment and disease have an impact on the quality of life; regular seizure and lower education influence the quality of life scores of epileptic patients. Fizci, findikli et al., (2016) conducted a study "To Find Out a Relationship between the Level of Aggression, Anxiety, and Depression with the Quality of Life of Epileptic People". For the purpose of the study 66 healthy subjects and 66 epileptic patients were taken, both groups were compared on the basis of demographic variables such as age, gender, etc. the socio-demographic and clinical data were measured through aggression scale, Beck depression scale, Beck anxiety scale and quality of life scale (sf-36) . The finding revealed that the quality of life of epileptic people was more impaired as compared to the control group and the level of aggression, anxiety, and depression increase when the quality of life decreases. A study was conducted in South Korea to assess employment of epileptic people (Gopinath, M, et al., 2011) that epileptic people have increased the rate of unemployment as compared to the general population (Gopinath, M, et al., 2011). Unemployment is associated with low quality of life (Gopinath, M, et al., 2011).

Conclusion

This research analyzes the difference between epileptics and non- epileptics focusing on their self-esteem, quality of life, among epileptics and non-epileptics. Results confirmed significant difference among these two groups that is epileptics and non- epileptics. Epileptic patients experiences with regular seizure and abnormal brain functioning which lead toward psychological problems such as low self- esteem, low quality of life, depression and anxiety. Non epileptics are normal people or general population who have experiences with normal brain function and normal body functioning that's why they are not affected as compared to epileptic patients.

It is concluded from the present study that epileptic patients report low level of self –esteem and quality of life as compared to non-epileptics. The significance of the study is that it focused on understanding the variables in Peshawar culture, Pakistan.

Limitations and Suggestions

Despite efforts to build a study limitation free, the current research contains certain limitations and suggestions which are as follows;

1. The current research was conducted on epileptics and non- epileptics. Further studies, researchers might work on to specify different kind or types of epilepsy such as general epilepsy partial epilepsy etc.
2. Current research contained fewer female participants as compared to males. In the subsequent Studies, the sample of females could be increased and should also approach to other cities as well.
3. Current study only assessed the specific psychological problems such as low self -esteem, low quality of life; further research might work on other different psychological problems which are related to epilepsy.
4. The present study was conducted in KP and sample was collected from only one and similar

- culture in future research might conduct in a diverse culture.
5. Researchers should work on converting scales from the English version to Urdu and Pashtu Versions because it's very difficult for an illiterate person to read and understand English.
 6. Researchers might work on self-esteem of epileptic patients because very few studies were found for literature purpose and it will also increase knowledge by studying out in future researches regarding the self-esteem among epileptic and non-epileptic among different cultures of Pakistan.

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