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Inclusion of epilepsy in life skills education of primary school learners: the perceptions of life skills advisors in Mpumalanga and Limpopo Provinces (South Africa)

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SUMMARY

Background. Education regarding epilepsy is paramount because it is one of the measures to equip individuals with knowledge and skills for managing seizures, and reduce stigma and misconceptions towards this disease.

Objective: to determine the perceptions of life skills educational advisors regarding the inclusion of epilepsy lessons in life skills education.

Material and methods. The study employed an exploratory-descriptive design. It was conducted in Limpopo and Mpumalanga Provinces in South Africa. Eight life skills educational advisors were selected through snowballing sampling techniques, and data were collected using semi-structured interviews and analyzed using ATLAS.ti program.

Results. Four themes emerged which emphasize the need to include epilepsy in life skills education because the information regarding it is insufficient: life skills educational advisors' knowledge of epilepsy, the benefits of including epilepsy in life skills education, content for such education, and methods of teaching. Some individuals consider epilepsy is a medical condition whereas others believe that it is a disease caused by witchcraft.

Conclusion. There is a need to include epilepsy in life skills education as it will improve people's awareness about the disease.

KEYWORDS

Epilepsy, life skills education, life skills educational advisors, learners, perceptions.

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Authors' contribution

Makhado T.G. – conceptualisation, data collection, data analysis, writing the text;
Lebese R.T. – conceptualisation, data analysis, writing the text, supervision;
Maputle M.S. – conceptualisation and supervision, text editing

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Включение эпилепсии в программу обучения жизненным навыкам учащихся начальной школы: мнение консультантов по жизненным навыкам в провинциях Мпумаланга и Лимпопо (Южная Африка)

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РЕЗЮМЕ

Актуальность. В отношении эпилепсии образование имеет первостепенное значение, поскольку позволяет вооружить людей знаниями и навыками контроля приступов, а также уменьшить стигматизацию больных и скорректировать неправильные представления об этом заболевании.

Цель: определить мнение консультантов по жизненным навыкам относительно включения уроков, посвященных эпилепсии, в программу обучения жизненным навыкам.

Материал и методы. Исследование с применением поисково-описательного дизайна проводилось в провинциях Лимпопо и Мпумаланга в Южной Африке. Восемь консультантов по обучению жизненным навыкам были отобраны методом «снежного кома». Данные собирали с помощью полуструктурированных интервью и анализировали с использованием программы ATLAS.ti.

Результаты. Выявлено четыре тематики, в которых подчеркивается необходимость включения эпилепсии в программу обучения жизненным навыкам из-за недостаточного объема информации об эпилепсии: знания консультантов по жизненным навыкам об эпилепсии, преимущества включения уроков по эпилепсии в программу обучения жизненным навыкам, содержание такого образования, а также методы обучения соответствующим навыкам. Некоторые респонденты считают эпилепсию соматическим заболеванием, тогда как другие расценивают ее как расстройство, вызванное колдовством.

Заключение. Необходимо включить эпилепсию в программу обучения жизненным навыкам, поскольку это повысит уровень осведомленности людей о данном заболевании.

КЛЮЧЕВЫЕ СЛОВА

Эпилепсия, обучение жизненным навыкам, консультанты по жизненным навыкам, учащиеся, восприятие эпилепсии.

ИНФОРМАЦИЯ О СТАТЬЕ

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INTRODUCTION / ВВЕДЕНИЕ

Life skills education is vital because it is an approach to behavior change or behavioral development that addresses the individual's knowledge, attitude, and skills [1]. Furthermore, life skill education is crucial because it helps individuals deal with everyday demands and challenges by instilling adaptive and positive behavior toward life challenges [2].

Through life skills education, learners become aware of certain aspects of life, such as communicable and non-communicable diseases, which makes them knowledgeable and develops a positive attitude towards people suffering from those diseases and skills to manage them. Different conditions have been included in the life skills curriculum, such as human immunodeficiency viruses (HIV), tuberculosis, sexually transmitted infections, etc. Life skills education regarding various dis-

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eases has been of the essence because it reduces the stigma and misconceptions surrounding certain conditions [3]. HIV is one of the non-communicable diseases that has been included in life skills education curriculum. Studies demonstrated a decrease in stigma toward people living with HIV because of their understanding and positive attitudes [3–5]. This was further supported by Chory et al. [6], stating that even teachers should be knowledgeable about HIV so that stigma and misconceptions can be reduced because a teacher is a role model to learners and the community. This means that if teachers know about specific conditions, the reduction of stigma and misconception may be eminent, and they may be able to transfer the knowledge to learners and the community [6]. Furthermore, it means that life skills education should be strengthened to address the knowledge, attitude, and skills of learners regarding the specific phenomenon. The inclusion of epilepsy in life-skill education could also lead to a reduction of stigma and misconception, given the results relating to other conditions.

Epilepsy is a condition that is characterized by seizures, and given that the name "epilepsy" in Greek means "being seized by forces from without," A study carried out in western countries such as Europe, North/Central/South America, and Australia revealed that there are some misconceptions associated with this illness [7]. Since many misconceptions and social stigmas are associated with epilepsy, adequate knowledge about the condition is crucial and essential. It is believed that if epilepsy can also be introduced to primary life skills education, it may result in learners having knowledge, skills, and positive attitudes toward people living with epilepsy (PLWE) at a younger age, thus reducing stigma, discrimination, and misconceptions that surround the disease in the future [8, 9].

Life skills educational advisors work with teachers and other educators to develop, implement, and evaluate the curricula specifically for life skills education. Epilepsy should also be included in the life skills curriculum to reduce the misconception and stigma surrounding the condition [10, 11]. Epilepsy education may also equip the learners and teachers with the knowledge and skills to assist learners with the condition and develop a positive attitude towards epilepsy. This study aims to explore the perceptions of life skills educational advisors regarding the inclusion of epilepsy content in life skills education with the perception that life skills educational advisors are the ones working together with teachers and other educators to develop, implement, and evaluate the curricula. This study is significant to PLWE, students, teachers, community members, teachers, the department of education, and the body of knowledge.

Objective – to determine the perceptions of life skills educational advisors regarding the inclusion of epilepsy lessons in life skills education.

MATERIAL AND METHODS / МАТЕРИАЛ И МЕТОДЫ

Study design / Дизайн исследования

The study employed an exploratory-descriptive design. Life skills educational advisors' perceptions regarding the need to include epilepsy in life skills education were explored.

Study setting / Место исследования

The Limpopo and Mpumalanga Provinces in South Africa were the location of the study. While Mpumalanga is lies in the east of South Africa and borders Swaziland and Mozambique, Limpopo is located in the extreme north of South Africa and borders Zimbabwe, Botswana, and Mozambique. The two provinces are close to one another. Due to the variety of population groupings present in these provinces, the researchers chose to concentrate on them. Geographically and culturally linked, the two provinces are home to the most varied cultures of South Africa.

Population / Популяция

The population for the study was life skills educational advisors from Limpopo and Mpumalanga Provinces. They are responsible for monitoring and developing the curricula. Life skills educational advisors have a greater awareness of the necessity for epilepsy life skills education.

Samplings / Выборка

Provinces and rural communities

This study is a component of the GladAfrica Epilepsy Research Project (GERP); therefore, it was conducted within the already selected rural communities in Limpopo and Mpumalanga. Purposive sampling was employed to choose the villages based on cultural variation. The rural areas chosen in Limpopo Province include Malavuwe/Nweli (VhaVenda), Mtititi (VaTsonga), Bochum, and Medingeni (Modjadjiskloof) (Pedis). The chosen rural communities in Mpumalanga Province are Clara and Acornhoek (VaTsonga), Jerusalem (Swati), and Kwaggafontein (Ndebele).

Life skills educational advisors

The study employed snowballing sampling technique to select life skills educational advisors who participated in the study, considering that they are more aware of the significance of epilepsy life skills education. The researcher started collecting data from participants at reach and further used the interviewed participants to locate other life skills educational advisors [12]. Life skills advisors included in the study worked within the designated circuits within which the selected schools were located.

Sample size

In qualitative investigations, the primary goal of sample size is to provide a comprehensive understanding of the phenomenon under study. This was possible in this study through the use of the guiding principle of appropriateness [12]. Therefore, following the principle of appropriateness, the researchers sampled 8 life skills educational advisors, which was determined by data saturation.

Data collection / Сбор данных

Semi-structured interviews were conducted with the participants who gave written consent to participate in the study

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[13]. The researcher interviewed each participant at a convenient time for them. Some of the participants were interviewed at their workplaces, whereas some were interviewed telephonically. The interview guide consisted of four broad questions which were:

– What do you know about epilepsy?

– What are your perceptions regarding the need to include epilepsy in life skills education?

– What is the possible key epilepsy life skills education content that can be included in the primary level from grade to grade?

– What kind of teaching method can be used in teaching epilepsy in life skills education?

The interviews were adaptable and went in the direction that the participants suggested. The researcher made sure that attention was kept on the subject in a non-threatening manner. The information was recorded on audio with the participants permission. Field notes were taken, and observations were made. During the interviews, methods including questioning, clarifying, pondering, and paraphrasing were utilized to encourage participants to speak freely and to improve in-depth explanations of the phenomena. The researcher employed field notes for observations that could not be recorded on audiotapes, such as non-verbal cues, interview settings, and subjective feelings. At the end of the interview, the participant gave the referrals to the other life skills advisor in the circuits in which the selected schools were located.

Pre-test / Предварительное тестирование

Pre-testing was carried out to ensure that the main questions were understandable and unambiguous and to assess the study's viability [14]. Furthermore, the pre-test showed whether the study could be carried out.

Data analysis / Анализ данных

The notice-collect-think (NCT) analytical process was used in this work, and the data was analyzed using ATLAS.ti . Additionally, by following the fundamental stages, the researcher was able to proceed methodically rather than claiming that the software itself was the approach [15]. The themes that arose during data analysis were then finalized. The themes and subthemes were grouped in columns based on their similarity. The analysis of the raw data was entrusted to an independent coder. The researcher and the independent coder met to discuss their independently identified categories.

Measures to ensure trustworthiness / Меры по обеспечению достоверности

In qualitative research, trustworthiness is increased through improving dependability, conformability, credibility, and transferability [16]. Spending additional time with participants in focus during in-depth interviews up until data saturation improved the study's credibility. To ensure that the participants' experiences were properly and accurately recorded, the audio-recorded interviews were transcribed, translated, and shared with the participants [17].

Maintaining an audit trail and saving all copies of the researchers' notes, transcripts, and data for later use, as well as giving participants access to the researchers' personal and professional information for contact or explanation at any time, improved dependability. All authors reviewed the research study to guarantee confirmability and that the researcher had presented accurate information based on the data gathered [16].

The researchers made sure that the study was replicable by having a second expert (an independent co-coder) in their field review and contrast the data collected and compare the findings by an independent co-coder and the researcher to reach a consensus regarding the codes independently developed. The biographical data was gathered to ensure transferability, and a thorough explanation of the research design and conclusions was given. To ensure transferability, participants' backgrounds were also thoroughly detailed [17]. To assess the applicability of the findings, other researchers evaluated the study's context and environment.

Ethical considerations / Этические аспекты

The Department of Basic Education in Limpopo and Mpumalanga Provinces, districts, circuits, and the principals of the chosen schools all granted the researcher permission to conduct the study after receiving ethical clearance from the University of Venda Human and Clinical Trial Research Ethics Committee (SHS/19/PH/37/2101). Before the start of the interview sessions and after each person had received a thorough explanation of the risks and benefits associated with the study endeavor, written informed consent was voluntarily acquired from each participant. Throughout the study, confidentiality and anonymity were upheld. Voluntary participation was ensured.

RESULTS / РЕЗУЛЬТАТЫ

Demographic characteristics / Демографические характеристики

Eight life skills advisors were interviewed from Limpopo and Mpumalanga Provinces. Two males and six females made up the respondents group. The interviewed life skills educational advisors' tenure ranged from 6 to 25 years. The demographics of the participants of the study are shown in **Table 1**.

The study's findings are presented using themes and subthemes that emerged from the data analysis (**Table 2**). The description includes a list of each theme's sub-themes.

Theme 1. Participants' knowledge about epilepsy / Тема 1. Знания участников об эпилепсии

Participants in this study demonstrated their level of epilepsy knowledge by defining the condition and listing its clinical symptoms. Some of the individuals did, however, admit that witchcraft is what causes this condition. Therefore, despite a certain understanding of epilepsy as a medical dis-

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Table 1. Demographic characteristics of respondents

Таблица 1. Демографические характеристики респондентов

Experience, years / Опыт, лет	Gender / Пол	
	Male / Мужской	Female / Женский
6–10	1	–
11–15	–	1
16–20	1	3
21–25	–	2

order, our study showed that some misconceptions about epilepsy are still prevalent.

The following are some of the narratives:

"What I know it's a health condition, so I don't know how one becomes epileptic but rather, I know is that sometimes they are unconscious and have to sleep for a moment until it is still…. Then until they become okay, I know maybe they have to take medication to control it" (P1. Male, 6 years experience).

"I don't know anything about epilepsy I've just had that there is epilepsy so because in my family there Is no one with epilepsy and I have never seen anyone attacked by epilepsy in my life. But I've heard that it is a disease that has to do more with witchcraft that it affects you when you are bewitched" (P2. Female, 15 years experience).

The following sub-themes emerged from this main theme: epilepsy as health-related curable condition and as a result of witchcraft.

Sub-theme 1.1. Health-related curable condition

The respondents revealed that epilepsy is a health-related condition whereby an individual can just fall at any time without an incident and start to have seizures or become unconscious. Furthermore, they explained that epilepsy can be cured when treated.

Below are some of the narratives from the participants:

"What I can say is it's a part of a health condition or it's a disease which a human being, teacher or learner can fall without any incident or any disease it just falls it's what I know" (P4. Female, 17 years experience).

"What I know it's a health condition, so I don't know how one becomes epileptic but rather I know is that sometimes they are unconscious and have to sleep for a moment" (P1. Male, 6 years experience)

"Epilepsy is a disease that can be cured or is it a disease that they need to maintain and control. Is it a disease that is curable or controllable" (P2. Female, 15 years experience).

Sub-theme 1.2. Epilepsy is linked to witchcraft

Some of the participants interviewed in this study elaborated that epilepsy is not an ordinary disease but it is a condition that is caused by witchcraft. According to some of the interviewed advisors, witchcraft is the main cause of epilepsy. This means that an individual with epilepsy has been possessed by evil spirits or has been bewitched.

Below are some of the quotes:

"From an African background everybody knows that you have been bewitched, they take you to witch doctors instead of going to hospitals for medication" (P1. Male, 6 years experience).

"I know there is epilepsy but the community members take epilepsy as a witchcraft disease when it occurs because they don't hear anything from a person when epilepsy starts, or they didn't hear a child say am not feeling well am having a headache or stomach ache you will find out that they just fall sometimes they fall down sometimes they just fall asleep or they can ask something that you don't know as a different type of epilepsy" (P4. Female, 17 years experience).

Table 2. Themes and sub-themes of the study

Таблица 2. Темы и подтемы исследования

Theme / Тема		Sub-theme / Подтема	
1	Participants' knowledge about epilepsy / Знания участников об эпилепсии	1.1	Health-related curable condition / Излечимое состояние, связанное со здоровьем
		1.2	Epilepsy is linked to witchcraft / Эпилепсия связана с колдовством
2	Benefits of including epilepsy in life skills education / Преимущества включения эпилепсии в программу обучения жизненным навыкам	2.1	Benefits for learners / Преимущества для учащихся
		2.2	Benefits of epilepsy education for teachers / Преимущества для учителей
		2.3	Benefits of epilepsy education for parents and the community / Преимущества для родителей и общества
3	Content for epilepsy education / Содержание обучения навыкам по эпилепсии	3.1	Overview of epilepsy including definition, causes, signs and symptoms / Общие сведения по эпилепсии, включая определение, причины, признаки и симптомы
		3.2	Different types of epilepsy / Различные виды эпилепсии
		3.3	Basic management of epilepsy / Базовый контроль проявлений эпилепсии
4	Methods of teaching epilepsy in life skills education / Методы преподавания по программе обучения жизненным навыкам по эпилепсии	4.1	The use of videos of epileptic people / Использование видеозаписей людей с эпилепсией
		4.2	Community awareness campaigns / Кампании по повышению осведомленности сообщества
		4.3	The use of drama and stories / Использование театральных приемов и реальных историй
		4.4	Discussions about epilepsy / Дискуссии об эпилепсии

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Theme 2. Benefits of including epilepsy in life skills education / Преимущества включения эпилепсии в программу обучения жизненным навыкам

The second theme that emerged from the study was the benefits of including epilepsy in life skills education. Participants stated that including epilepsy in life skills education will have various benefits. There are stakeholders that are going to benefit from the inclusion of epilepsy in life skills education, such as learners, teachers, and the community at large.

Below is the narrative that supports these two:

"I believe it will help learners because even other learners in the classroom, if there is a learner with the problem of epilepsy they will be guided that if this happens with your friend whether am not in the classroom as the teacher this is what you should do to assist your friend or maybe even if it's outside the class around the school when the other learner is attacked then they will be taught on how to assist the other learner or their friend" (P2. Female, 15 years experience).

There are three sub-themes that emerged from this theme: benefits of epilepsy education for learners, for teachers, and for parents and the community.

Sub-theme 2.1. Benefits of epilepsy education for learners

The study participants said that learners will be aware and have knowledge of epilepsy and how to manage an epileptic individual which will instill positive attitudes towards PLWE and skills on how to manage someone with epilepsy during epileptic attacks. This means that instead of laughing at other learners during the epileptic attack they will be able to assist.

The following are some of the narratives:

"The learners will know how to support other learners who are suffering from the condition, I think it's very crucial that even learners be taught about that disease so that they can be aware" (P5. Female, 23 years experience).

"If there is a learner with the problem of epilepsy they will be guided that if an attack happens to him/her whether am not in the classroom as the teacher this is what you should do to assist your friend or maybe even if it's outside the class around the school when the other learner is attacked then they will be taught on how to assist the other learner or their friend instead of laughing to one another" (P2. Female, 15 years experience).

Sub-theme 2.2. Benefits of epilepsy education for teachers

According to the participants in this study, it is very important for teachers to be trained or taught about epilepsy because they are the knowledge bearers, and they are the ones that transfer the knowledge to the learners in the classroom. Therefore, if they are taught about epilepsy they will be able to teach learners as well as assist learners living with epilepsy to be accepted by instilling knowledge, positive attitudes towards epilepsy as well as skills on how to manage PLWE during an epileptic attacks.

Below are some of the quotes:

"It can assist them to have knowledge like myself I said if I had knowledge to assist that learner so that even teachers if they have information they will be able to assist the learners in their class and will also be able to teach learners how to assist an epileptic person and the learner will be able to assist others outside the school" (P3. Male, 20 years experience).

"I think its very important that it should be included in the curriculum so that when teachers are dealing with learners in classrooms they need to deal with learners in totality and understand challenges and try to address the challenges and they will be able to assist other learners to understand the challenges also" (P2. Female, 15 years experience).

Sub-theme 2.3. Benefits of epilepsy education for parents and the community

In this study, it was revealed that even the parents and community at large will benefit by including epilepsy in life skills education because learners are the members of the community. In other words, teaching learners is teaching the community because the knowledge they will attain can be applied in the community where they live in.

The following are some of the narratives from the participants:

"The very same children who are at school are the ones who are forming part of the community they take the information back to the community and their parents they tell them what was happening. The parents also learn from their children then it's of the practical importance of teaching the learners so they can take the information back home" (P5. Female, 23 years experience).

"Parents need to know this is how epilepsy happens, this is how you can attend to a child if you discover that your child is epileptic, go to the clinic do one two three you know…. For them to be aware that it's not being bewitched but it's part of some conditions that one can have although I don't know what causes epilepsy" (P1. Male, 6 years experience).

Theme 3. Content for epilepsy education / Содержание обучения навыкам по эпилепсии

Content for epilepsy education was one of the themes that emerged from this study. There are different contents that participants verbalized should be included as the content when teaching epilepsy in life skills. Participants expressed that in the curriculum of epilepsy the content may include crucial basic information to equip learners and teachers with the knowledge of epilepsy to have a positive attitude and skills on how to manage PLWE when they have an epileptic attack and what to expect on PLWE.

Three sub-themes emerged from this theme: an overview of epilepsy including definition, causes, signs, and symptoms, different types of epilepsy, and basic management of epilepsy.

Sub-theme 3.1. Overview of epilepsy including definition, causes, signs and symptoms

There is great importance in including an overview of epilepsy (definition, causes, signs, and symptoms) in life skills education because it is the basics of epilepsy that will build

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a strong foundation for learning. This means that an individual can confidently expand and start learning more advanced skills after having a foundation based on basic concepts.

Below are some of the quotes from participants:

"Uhm as I said before they should be trained on what is epilepsy, what causes epilepsy, can epilepsy be contagious or it's hereditary all those things" (P3. Male, 20 years experience).

"Teachers should be trained on knowing what epilepsy is, what are the causes of epilepsy and how to help an epileptic person. These are the things that I think they need to know and be able to teach learners and implement it on epileptic people" (P8. Female, 16 years experience).

Sub-theme 3.2. Different types of epilepsy

The other content that participants suggested should be included in the curriculum of epilepsy in life skills education was the types of epilepsy. Further elaborated that knowing the types of epilepsy will assist learners to know what to do in different situations.

Below are the narratives from the participants:

"I think being aware of the different kinds of diseases and the precautions and how to take care of people leaving with such diseases how does it affect the ones around the person and also the effect of also the one who is not having that disease all that information can help a lot" (P5. Female, 23 years experience).

"From grade 4 and above must learn much about the different kinds of epilepsy I don't know much but I know that the is a epilepsy where the learner can fall bite themselves or where they urinate themselves or something like that and there is epilepsy whereby the learner just lose their mind while we are teaching and just stare at you the other one they just fall asleep. So, from grade 4 they must know much about different types of epilepsy" (P4. Female, 17 years experience).

Sub-theme 3.3. Basic management of epilepsy

Participants' perceptions regarding the content that should be included in the life skills curriculum also included the basic management of epilepsy. Since epilepsy poses a serious threat to the lives of PLWE, it is crucial that everyone possess sufficient knowledge, including understanding the management of epilepsy in case of epileptic attacks of different types of epilepsy.

The participant narratives are as follows:

"Life skills content that is going to be there needs to be including the care that needs to be provided when someone is having seizures, so they need to learn about the symptoms and seizures that they are getting and they also need to know what to do" (P1. Male, 6 years experience).

"They should know how maybe it's the first aid that should be offered on an epileptic learner" (P1. Male, 6 years experience).

Theme 4. Methods of teaching epilepsy in life skills education / Методы преподавания по программе обучения жизненным навыкам по эпилепсии

For learners to know best about epilepsy or for learners to acquire knowledge from the content that has been suggested by the participants in this study, it should be taught through different methods of teaching. There are different effective methods of teaching that respondents revealed for better understanding of epilepsy.

From these themes, the following sub-themes emerged: the use of videos of epileptic people, the use of community awareness campaigns, the use of drama and stories and use of discussions about epilepsy.

Sub-theme 4.1. The use of videos of epileptic people

The use of videos of epileptic people was one of the effective teaching methods that participants in this study suggested. It was also revealed that learners learn more easily by watching interesting videos, therefore, there should be animated videos showing how PLWE are taken care of during epileptic attacks. Participants believe that when children are watching these videos as a way of teaching, they will be able to have skills on how to manage epileptic attacks and won't forget them easily.

The following are some of the quotes:

"You know now we are in Fourth Industrial Revolution now so there are videos to accommodate the person so that they can see it practically" (P1. Male, 6 years experience).

"You can show them the video of epilepsy or a picture of people with epilepsy and aging they must have a clear knowledge about what kind of a disease is what we should include in the foundation phase" (P4. Female, 17 years experience).

Sub-theme 4.2. Community awareness campaigns

Making use of the community awareness campaign was another suggested method of teaching by participants.

Below are some of the narratives:

"They need to conduct advocacy campaigns even to other parents who are not yet affected so that they understand that you don't apply for this situation it just came and you don't even know how it came so we need to support the families who are already affected" (P2. Female, 15 years experience).

"I think they should be trained on what epilepsy see how to treat people with epilepsy and awareness of epilepsy in the community is very important so that majority of the people can have knowledge of this condition" (P6. Female, 20 years experience).

Sub-theme 4.3. The use of drama and stories

The respondents revealed that if learners are involved in storytelling and acting of drama as a method of teaching they will be able to have knowledge and skills on how to take care of PLWE during the attacks. In other words, involving learners in dramas for epilepsy is an easy method to disseminate knowledge.

Here are some of the narratives:

"Dramatization or a story that can assist am talking about the young one, they love pictures and listening to stories I think that can assist" (P3. Male, 20 years experience).

"We can use pictures of people with epilepsy and tell them stories of people with epilepsy yea I think pictures and stories will do and making them act the drama that is epilepsy-related will make them not forget because they will be involved" (P6. Female, 20 years experience).

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Sub-theme: 4.4. Discussions about epilepsy

The last method of teaching that has been suggested by participants in this study was the use of discussion sessions about epilepsy. According to respondents, discussion is very important as a method of teaching because it helps learners to understand a phenomenon better. Instead of just receiving knowledge, discussion aids pupils in processing it.

Below is one of the quotes:

"I think when there is discussion, it can serve as a method pf teaching whereby I think learners are able to be involved because sometimes when we are using other methods which is one way by teaching learners without them participating learners return back home with the knowledge they came with about epilepsy. Epilepsy being taught at schools does not mean that it's not spoken about at home it might be talked about at home in terms of reality. Question and answer and discussion I think those are the most important methods of teaching learners so that learners can be aware and also be able to share their views" (P8. Female, 16 years experience).

DISCUSSION / ОБСУЖДЕНИЕ

In this study, life skills educational advisers from Mpumalanga and Limpopo Provinces were questioned about the significance of teaching primary learners about epilepsy as part of their life skills education. This was done with the perception that since life skills educational advisors are curriculum developers, they may have a better understanding of the need for the inclusion of epilepsy within life skills education.

Participants in this study revealed that educating epilepsy in life skills at a younger age is very important because this will improve knowledge and understanding while increasing positive attitudes and reducing stigma and misconceptions. There is still unclear information about epilepsy, as some know epilepsy as a medical condition that can be manageable, but others consider epilepsy is a sacred disease caused by witchcraft, mystery, possessed by evil spirits or calling from ancestors. The different understanding of epilepsy provides the need to include epilepsy in life skills so that learners, teachers, and community members become knowledgeable about epilepsy and its management thereof. O.P. Musekwa et al. [18], T. Adewumi et al. [19], P. Murugan and T. Workineh [20] supported that even though some people are aware of epilepsy, not all know and understand it and many still portray negative attitudes, stigma, and misconceptions towards PLWE. This means that it is epilepsy lessons in life skills education that may assist individuals in having a better understanding of the disease and thereafter have a positive attitude toward PLWE [8, 9, 21, 22].

This study emphasizes that including epilepsy lessons in primary school life skills education will benefit different stakeholders: learners, teachers, and the community. Primary school learners and teachers will benefit from it because they will have knowledge and understanding of how to identify a learner with epilepsy and how to attend them during seizures instead of laughing, discriminating and stigmatizing them. Furthermore, this will ensure conducive environment for PLWE at school instead of increment of PLWE school dropouts. Studies reported a high dropout rate of learners with epilepsy due to stigma, discrimination, feeling of being left out, and misconceptions [23, 24]. Furthermore, it has been revealed that stigma related to epilepsy is caused by a lack of awareness about the disease [23, 24]. Therefore, there is a need for epilepsy lessons to be included in primary school life skills education to tackle the PLWE dropout rate by reducing stigma.

Epilepsy challenges do not only affect learners with epilepsy at school, PLWE in the community are ignored, stigmatized, and excluded from a range of opportunities, including marriage, education, leadership positions, and property succession [25, 26]. This inclusion will help learners, teachers, and community members to acquire the necessary skills required to respond to and manage individuals living with epilepsy during seizures and this will help PLWE to be confident and feel important. According to M. Kaddumukasa et al. [27], the misconceptions and stigma regarding epilepsy can be reduced by instilling epilepsy-related education in individuals. Furthermore, it is through life skills education on epilepsy that an individual can acquire skills for life such as knowledge and understanding, values and attitudes, and skills on how to manage PLWE during seizures [8].

Life skills educational advisors further indicated that there should be specific content that must be presented to meet the goal of equipping primary school learners with life skills, and the life skills curriculum should include information about epilepsy. The content that may be included in life skills education is basic health education about epilepsy: definition, signs and symptoms, types of epilepsy, and basic management of the disease. A study conducted in China revealed that educating learners with basic health education results in the learners having knowledge and positive behaviours toward a certain disease [28]. Participants in this study also revealed that instilling skills for life in primary learners is not only by including specific content in their life skills program rather it must be strategic.

Life skills educational advisors illustrated that for learners to acquire the skills of life regarding epilepsy, different teaching methods should be used and the methods of teaching may be the use of videos of epileptic people, the use of drama and stories, and involving learners in discussions about epilepsy. According to Y. Narita and S.I. Hamano [19], S. Alamri et al. [30], knowledge alone regarding epilepsy might not change people's attitudes toward it. Furthermore, the results from the study showed that individuals who encountered PLWE were the ones that had a better understanding and positive attitude toward epilepsy [29]. Therefore, it is believed that exposing learners to drama lessons and video lessons will equip learners with skills of life such as values and attitudes rather than only using the traditional method of teaching them to acquire knowledge. P. Chakraborty et al. [10], P.O. Shafer et al. [31] support that video lessons, drama lessons, storytelling, and discussions will not only assist learners in having knowledge and understanding, positive values and attitudes but also equip them with skills on how to manage individual living with epilepsy during seizures.

Given the findings of this study, there is a need to include epilepsy lessons in life skills education for primary school learners and teachers because through this education the community will be aware of epilepsy and how to attend and manage PLWE. Furthermore, the skills of life that the learn-

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ers may acquire from epilepsy education may assist them in how to care for their fellow learners and thus, reduce the number of PLWE learners droppingout. It is believed that it is through educating learners practically that can reduce the misconceptions and stigma of epilepsy towards fellow learners because learners will be involved during teaching and learning. The findings of this study may assist the Department of Education in promoting inclusive education. Therefore, the rate at which epileptic learners drop out of school because of stigma could be reduced. The Department of Education may also revise the policies to include epilepsy in life skills education for primary learners. Therefore, PLWE, community members, teachers, and learners may be equipped with skills for life which are knowledge and understanding, values and attitudes, and skills on how to manage epilepsy.

CONCLUSION / ЗАКЛЮЧЕНИЕ

The study's goal was to learn how life skills educational advisers in Limpopo and Mpumalanga Provinces perceive the inclusion of epilepsy lessons in life skills for primary school learners and teachers. Four themes emerged from the study which were Life skills educational advisors' knowledge of epilepsy, Benefits of including epilepsy in life skills education, Content for epilepsy education, and Methods of teaching epilepsy. The study showed that teaching about epilepsy would improve learners' life skills through knowledge and understanding of epilepsy, values and attitudes, and related response and management skills toward epilepsy through different teaching methods revealed.

Therefore, it is recommended that guidelines be established to make it easier to integrate epilepsy courses into life skills education for primary learners and teachers to better prepare the learners and teachers. Additionally, this recommendation will give learners and teachers the knowledge and abilities to deal with PLWE during seizures. Because teachers and learners are members of a community, when they are equipped with epilepsy knowledge and understanding, everyone in the community will benefit, including them.

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