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Examination of the Attitudes of Students Studying in the Department of Special Education Teaching towards Childhood Epilepsies

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Abstract. It was conducted as a descriptive study to examine the attitudes of students studying in the special education teaching department towards childhood epilepsy. This research is descriptive and descriptive in nature. The data required for the research was collected between 01 June 2024 and 31 July 2024. The study group consisted of 328 students studying in special education teaching. Sociodemographic and Epilepsy Questionnaire data collection form and Social Attitudes Towards Childhood Epilepsy Scale (SATCES) were used with the online survey method in nurses working in the students studying in the special education teaching department by convenience sampling method from non-probability sampling methods who voluntarily participated in the collection of research data and filled out the informed consent form. SPSS 26.0 data analysis program was used in analysis of the data was carried out by sample t-test and ANOVA independent of paramedic statistical tecniques. It was determined that 71.1% of the participants were female and 24.1% were male. 52.4% of them were students of special education teaching department. A large proportion of the participants (47.3%) were second year students. According to the mean scores obtained, the attitudes of the students studying in special education teaching towards childhood epilepsy were found to be high and significant. It was found that there were significant differences between the attitudes of the students studying in special education teacher education towards childhood epilepsy and other sociodemographic descriptive information except for the variable in the age group ($p<0.05$). It was concluded that the attitudes of students studying in the special education teaching department towards childhood epilepsy differed significantly when examined in terms of certain socio-demographic variables. It can be suggested that students studying in special education teaching should be required to conduct academic studies to raise social awareness about children with epilepsy.

Keywords: Childhood, Special education teacher, Epilepsy, Examination

I. INTRODUCTION

Epilepsy is one of the neurological diseases that are difficult to predict and recur, called seizures. Disorders such as depression, hyperactivity disorder, anxiety, stress, attention deficit and hyperactivity may be observed in these patients. Misinformation about the conditions seen in these patients causes their anxiety levels to increase (Riechmann et al., 2019). However, since epilepsy patients may have a weak self-perception towards their social environment, problems in their social relationships and a decrease in their self-confidence levels occur. These features generally lead to a decrease in the quality of life in children and an increase in psychosocial risk factors (Tuncer ve ark., 2022). Severe and frequent seizures, poor socio-economic status, negative developments in social relationships and neurological problems can be considered among these risk factors (Sahin et al., 2020). In addition, important problems such as social exclusion, emotional stress and low academic success can be observed. Therefore, these disadvantageous situations also reduce the self-esteem of children with epilepsy. Frequent occurrence of seizures negatively affects the quality of life, and various negative factors such as stress and fear also cause seizures to occur more frequently (Savaş et al., 2020). In this process, families' approaches to children and the social and psychological support they offer are also very important. It is important for families to develop reassuring, tolerant and supportive attitudes towards their children instead of overly protective or

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restrictive attitudes (Rossor et al., 2020). Especially teachers and teacher candidates have a big share here. Especially in the field of teaching, special educators should be more sensitive about this issue and be more meticulous about how they approach these children. Therefore, knowing the attitudes of students studying in the special education teaching department towards child epilepsy constitutes the importance of the research.
The purpose of this research; It is aimed to examine whether the attitudes of students studying in the special education teaching department towards childhood epilepsy change according to gender, age, class status, knowledge about epilepsy, what kind of disease childhood epilepsy is, the cause of child epilepsy, and the contagiousness of child epilepsy.

A. Research questions

- What is the level of attitudes of students studying in special education teaching towards childhood epilepsy?
- The attitudes of students studying in special education teaching towards childhood epilepsy do their attitudes differ according to various variables.

II. METHODS

A. Type of Research

This study is descriptive in nature.

B. Place and Time of Research

The data required for the research was collected between 01 June 2024 and 31 July 2024. Research data it is planned to collect online from 328 students studying in special education teaching in Eskişehir, selected by the convenience sampling method, who participated voluntarily, whose consent was obtained.

C. Population and Research Sample

In determining the sample group, Moreira et al. the findings of the study conducted by were used. In calculating this sample load, the calculation is made by using the formula n=Nxt2xpxq/d2x(N-1)+t2xpxq, which is used to calculate the number of individuals to be sampled according to the frequency of occurrence of the event in cases where the universe is known has been done (Sümbüloğlu and Sümbüloğlu, 2017). In the formula, the confidence level is accepted as 95% and the deviation is d = 0.05. The sample of the research was determined as 350. The study population consisted of 328 students studying in the department of special education teaching. Data was collected using the online method.

D. Inclusion/Exclusion Criteria:

Inclusion criteria

- Special education department students
-Students who voluntarily agreed to participate in the study and completed the informed consent form

Exclusion criteria

- Students other than special education students
-Students who did not voluntarily agree to participate in the study and did not complete the informed consent form

E. Data Collection Tools

Research data were collected through the following data collection forms:

- Sociodemographic and Epilepsy Questionnaire
- Social Attitudes Towards Childhood Epilepsy Scale (SATCES)

*Sociodemographic and epilepsy questionnaire***:** This form consisted of a total of 8 questions about gender, age, class status, knowledge about epilepsy, where they received information, what kind of disease pediatric epilepsy is, the cause of pediatric epilepsy, and the contagiousness of pediatric epilepsy.

Social attitudes towards childhood epilepsy scale (SATCES): The Childhood Epilepsy Attitude Scale developed by Çarman et al. (2020) consists of 12 items in two factors, affective, behavioral and cognitive, and the scale is 5-point Likert type. Eleven items in the scale require reverse scoring. A minimum score of 5 and a maximum score of 25 can be obtained from the "Affective and Behavioral Attitude" factor of the scale; a minimum score of 7 and a maximum score of 35 can be obtained from the "Cognitive Attitude" factor; and a minimum score of 12 and a maximum score of 60 can be obtained from the total scale. According to the results of the analysis, the Childhood Epilepsy Attitude Scale has sufficient validity and measurement reliability.

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F. Variables of the Study

Independent variables: Gender, age, class status, information about epilepsy, where the child received the information, what kind of disease epilepsy is, cause of epilepsy in children, contagiousness of epilepsy in children
Dependent variable: Attitudes of students studying in the department of special education teaching towards childhood epilepsy.

G. Data Evaluation

The data were evaluated with sample t-test and ANOVA independent of paramedic statistical tecniques test using SPSS 26.0 package program.

III. RESULTS AND DISCUSSIONS

RESULTS

Table 1. Descriptive Socio-demographic and Epilepsy Information of the Participants

Descriptive information		f	%
Gender	Male	107	28,9
	Female	221	71,1
Age	19 and under	82	24,1
	20	84	27,0
	21	71	19,6
	22	33	10,6
	23 and above	58	18,6
Level of class	1	20	4,8
	2	154	47,3
	3	117	37,6
	4	37	10,3
Students' level of knowledge about epilepsy			
Have you heard information about epilepsy before?	Yes	328	100
	No.	0	0
If yes, where did you get your information about epilepsy?	School	50	32
	Internet, social media and TV etc.	272	63
	From my environment	6	5
	No information	0	0
What kind of disease do you think epilepsy in children is?	A neurological disease	231	79,6
	A genetic disease	17	8,9
	Psychiatric illness	62	16,7
	Other	18	9,7
In your opinion, what causes epilepsy in children?	Diseases	56	12
	Stress	7	4,3
	Hereditary	175	62,7
	Infection	82	18
	I don't know why	8	3

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Do you think child epilepsy is a contagious disease?	Yes	52	31,5
	No.	276	68,5

When Table 1 is examined, it is stated that 71.1% of the students are female. 24.1% are in the age group of 19 and below, 27% are in the age group of 20, 19.6% are in the age group of 21, 10.6% are in the age group of 22, 18.6% are in the age group of 23 and above, and 47.3% are second grade students. In the knowledge levels of the students about epilepsy; 100% of the students participating in the research stated that they knew 100% of epilepsy and 63% of them stated that they heard about it from sources such as internet, social media and TV etc. 79.6% answered that epilepsy is a neurological disease and 62.7% said that epilepsy is hereditary and 68.5% said that epilepsy is a contagious disease.

Table 2. Skewness and Kurtosis Coefficients

Variables	Skewness		Kurtosis	
	z	Sh	z	Sh
Affective and Behavioral Attitudes	-1,07	0,14	1,13	0,28
Cognitive Attitude	-0,18	0,14	-0,62	0,28
SATCES Total	-1,14	0,14	1,63	0,28

Skewness and kurtosis coefficients were calculated to examine the distribution of the scores obtained by the students from the social attitude towards childhood epilepsy scale (SATCES). A skewness coefficient less than ±3 and a kurtosis coefficient less than ±10 is sufficient to meet the assumption of normal distribution (Kline, 2011). The calculated coefficients were within the specified range and it was observed that the scores had a normal distribution (Table 2).

Table 3. Descriptive Values of the Scores Obtained from the Social Attitude Towards Childhood Epilepsy Scale (SATCES)

Variables	Min.	Maks.	Med.	Med/m*	Ss
Affective and Behavioral Attitudes	8	40	31,66	4,36	6,90
Cognitive Attitude	8	20	17,44	3,96	3,00
SATCES Total	16	60	49,10	8,32	9,90

*1.00-1.80 very low, 1.81-2.60 low, 2.61-3.40 medium, 3.41-4.20 high, 4.21-5.00 very high

When Table 3 is examined, it is understood that the mean total scores of the students' affective and behavioral attitudes and cognitive attitudes SATCES were calculated as 31.66 (SD=6.90), 17.44 (SD=3.00) and 49.10 (9.90), respectively. According to the mean scores obtained, the participants' affective and behavioral attitudes and cognitive attitudes were at a very high level. The social attitudes of students studying in special education teaching towards childhood epilepsy were found to be positive and at a high level.

Tablo 4. Mean and Standard Deviations of the Scale of Social Attitudes Towards Childhood Epilepsy (SATCES) Scores and Independent Groups T-Test Results by Gender

Varibles	Gender	N	Ort	Ss	t(328)	p
Affective and Behavioral Attitudes	Female	221	32,62	7,42	3,90	0,00*
	Male	107	29,32	6,45		
Cognitive Attitude	Female	221	10,01	3,08	2,34	0,02*
	Male	107	9,12	3,01		
SATCES Total	Female	221	42,63	10,50	3,48	0,00*
	Male	107	38,44	9,46		

*p<0,05

When Table 4 is examined, the mean scores of affective and behavioral attitude (t(328)=3,90; p<0,05), cognitive attitude (t(328)=2,34; p<0,05), and SATCES Total (t(328)=3,48; p<0,05) showed a significant difference. The mean scores of female students on affective and behavioral attitudes (mean=32.62; SD=7.42), cognitive attitudes (mean=10.01; SD=3.08), and SATCES Total (mean=38.44; SD=9.46) were significantly higher.

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Table 5. Mean, Standard Deviations and ANOVA Results of the Scale of Social Attitudes Towards Childhood Epilepsy (SATCES) Scores by Age Groups

Variables	Age	N	Ort	Ss	F(4;290)	p
Affective and Behavioral Attitudes	19 and under	82	30,15	7,20	2,29	0,05
	20	84	31,02	6,40		
	21	71	32,74	5,54		
	22	33	31,88	8,08		
	23 and above	58	33,29	7,44		
Cognitive Attitude	19 and under	82	16,83	2,97	1,26	0,24
	20	84	17,49	3,01		
	21	71	17,95	2,22		
	22	33	17,48	3,85		
	23 and above	58	17,60	3,14		
SATCES Total	19 and under	82	46,98	10,17	2,09	0,06
	20	84	48,51	9,41		
	21	71	50,69	7,76		
	22	33	49,36	11,93		
	23 and above	58	50,89	10,58		

When Table 5 is examined, the mean scores of affective and behavioral attitudes (f(4;290)=2.29; p>0.05), cognitive attitudes (f(4;290)=1.26; p>0.05), and total SATCES (F(4;290)=2.09; p>0.05) did not show a significant difference according to the age groups of the students.

Table 6
Mean Scores, Standard Deviations and ANOVA Results of Social Attitudes Towards Childhood Epilepsy Scale (SATCES) According to Grade Level

Variables	Class level	N	Med	Ss	F(3;290)	p	Duncan Post-Hoc
Affective and Behavioral Attitudes	1	20	35,01	4,42	8,58	0,00*	1>2, 3>2, 4>2,
	2	154	29,81	6,89			
	3	117	33,61	6,50			
	4	37	30,84	7,35			
Cognitive Attitude	1	20	11,86	3,09	5,15	0,00*	1>2
	2	154	9,05	2,89			
	3	117	11,30	3,12			
	4	37	10,10	3,10			
SATCES Total	1	20	46,87	7,51	7,33	0,00*	1>2, 3>2, 4>2,
	2	154	38,86	9.78			
	3	117	44,91	9,62			
	4	37	40,94	10,45			

*p<0,05

When Table 6 is examined, the mean scores of affective and behavioral attitudes (F(3290)=8.58; p<0.05), cognitive attitudes (F(3;290)=5.15; p<0.05) and SATCES Total (F(3;290)=7.33; p<0.05) showed a significant difference according to grade level. According to the results of the Post-Hoc test, the mean scores of the first, third and fourth grade students on the SATCES Total were significantly higher than the mean scores of the second grade students.

Table 7. Social Attitudes Towards Epilepsy Scale (SATCES), Standard Deviations and Independent Groups T-Test Results

Variables	Have you heard information about epilepsy before?	N	Med	Ss	t(328)	p
Affective and Behavioral Attitudes	Yes	328	51,21	6,81	3,01	0,00*
	No	0	0	0		
Cognitive Attitude	Yes	328	48,77	2,96	2,55	0,03*
	No	0	0	0		
SATCES Total	Yes	328	59,32	11,35	2,88	0,01*
	No	0	0	0		

*p<0,05

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When Table 7 is examined, the mean scores of affective and behavioral attitudes (t(328)=3.01; p<0.05), cognitive attitudes (t(328)=2.55; p<0.05), and total SATCES (t(328)=2.88; p<0.05) showed a significant difference.

Table 8. Mean, Standard Deviations and ANOVA Results of the Scale of Social Attitudes Towards Childhood Epilepsy (SATCES) Scores According to the Status of Receiving Information About Epilepsy

Variables	If yes, where did you get the information about epilepsy?	N	Med	Ss	F(3;290)	p	Duncan Post-Hoc
Affective and Behavioral Attitudes	School	50	40,07	3,33	6,98	0,00*	1>2, 3>2, 4>2,
	Internet, social media and TV etc.	272	28,50	5,92			
	From my environment	6	30.92	5,93			
	No information	0	29,81	6,30			
Cognitive Attitude	School	50	10,20	2,08	3,60	0,00*	1>2
	Internet, social media and TV etc.	272	9,03	2,78			
	From my environment	6	10,21	3,09			
	No information	0	11,10	2,80			
SATCES Total	School	50	50,27	5,41	6,20	0,00*	1>2, 3>2, 4>2,
	Internet, social media and TV etc.	272	37,53	8,70			
	From my environment	6	41,13	9,22			
	No information	0	40,91	9.10			

*p<0,05

When Table 8 is examined, the mean scores of affective and behavioral attitudes (F(3;290)=6.98; p<0.05), cognitive attitudes (F(3;290)=3.60; p<0.05) and SATCES Total total scores (F(3;290)=6.20; p<0.05) for the question of knowledge about epilepsy showed a significant difference.

Table 9. Mean, Standard Deviations and ANOVA Results of the Scale of Social Attitudes Towards Childhood Epilepsy (SATCES) Scores According to the Knowledge of How Childhood Epilepsy is a Disease

Variables	What kind of disease do you think pediatric epilepsy is?	N	Med	Ss	F(3;307)	p	Duncan Post-Hoc
Affective and Behavioral Attitudes	A neurological disease	231	34,07	4,33	7,42	0,00*	1>2, 3>2, 4>2,
	A genetic disease	17	29,65	6,87			
	Psychiatric illness	62	33,29	6,44			
	A neurological disease	18	33,84	7,30			
Cognitive Attitude	A neurological disease	231	18,20	1,52	4,10	0,00*	1>2
	A genetic disease	17	17,02	2,92			
	Psychiatric illness	62	17,68	3,17			
	A neurological disease	18	18,13	3,01			
SATCES Total	A neurological disease	231	10,80	3,08	6,23	0,00*	1>2, 3>2, 4>2,
	A genetic disease	17	9,05	2,89			
	Psychiatric illness	62	10,40	3,11			
	A neurological disease	18	10,09	2,98			

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When Table 9 is examined, the mean scores of affective and behavioral attitude (F(3;307)=7.42; p<0.05), cognitive attitude (F(3;307)=4.10; p<0.05) and total SATCES (F(3;307)=6.23; p<0.05) for the question about how epilepsy is a disease showed a significant difference.

Table 10. Mean Scores, Standard Deviations and ANOVA Results of Social Attitudes Towards Childhood Epilepsy Scale (SATCES) Regarding the Causality of Child Epilepsy

Variables	In your opinion, what causes epilepsy in children?	N	Med	Ss	F(3;289)	p	Duncan Post-Hoc
Affective and Behavioral Attitudes	Diseases	56	30,10	3,88	6,90	0,00*	1>2, 3>2, 4>2,
	Stress	7	28,60	3,15			
	Hereditary	175	33,29	6,40			
	Infection	82	34,84	6,40			
	I don't know why	8	19,10	1,50			
Cognitive Attitude	Diseases	56	16,01	2,80	5,20	0,00*	1>2, 3>2, 4>2,
	Stress	7	16,60	3,10			
	Hereditary	175	17,20	2,99			
	Infection	82	11,23	3,15			
	I don't know why	8	9,05	2,80			
SATCES Total	Diseases	56	46,11	6,18	7,42	0,00*	1>2, 3>2, 4>2,
	Stress	7	45,20	6,25			
	Hereditary	175	50,49	9,39			
	Infection	82	46,07	4,30			
	I don't know why	8	28,15	11,30			

When Table 10 is examined, the mean scores of affective and behavioral attitudes (F(3;289)=6.90; p<0.05), cognitive attitudes (F(3;289)=5.20; p<0.05) and total SATCES scores (F(3;289)=7.42; p<0.05) for the question about the causality of child epilepsy showed a significant difference.

Table 11. Do You Think Child Epilepsy is a Contagious Disease? Mean, Standard Deviations and ANOVA Results of Social Attitudes Towards Childhood Epilepsy Scale (SATCES) Scores Related to the Question

Variables	Do you think childhood epilepsy is a contagious disease?	N	Med	Ss	t(328)	p
Affective and Behavioral Attitudes	Yes	52	32,13	6,57	3,90	0,00*
	No	276	26,78	8,41		
Cognitive Attitude	Yes	52	10,00	2,96	4,82	0,00*
	No	276	7,11	2,78		
SATCES Total	Yes	52	42,13	6,90	4,12	0,00*
	No	276	33,89	11,19		

When Table 11 is examined, the mean scores of affective and behavioral attitudes (t(328)=3.90; p<0.05), cognitive attitudes (t(328)=4.82; p<0.05), SATCES Total (t(328)=4.12; p<0.05) showed a significant difference according to Do you think child epilepsy is a contagious disease?

DISCUSSION

The study was conducted to determine the attitudes of students studying in the department of special education teaching towards childhood epilepsy. As a result of the research, it was found that pre-service teachers had high attitudes towards childhood epilepsy. In Toudou-Daouda et al. (2020), Teachers' knowledge about epilepsy and their attitudes towards students with epilepsy: In a cross-sectional study in the city of Tahoua (Niger), it was found that teachers' attitudes towards epilepsy were relatively high in the sub-dimension and relatively high in the sensitivity sub-dimension. Similarly, in a survey study conducted by Alomar et al. (2020) on awareness and attitudes towards epilepsy among medical and related health services students in a teaching hospital in Jeddah, it was concluded that awareness of epilepsy was high. The results of Akça and Kurt's (2020) study on the characteristics of medical students' knowledge and attitudes towards epilepsy are similar to our findings.

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Within the scope of the study, it was concluded that female students had higher positive attitudes towards childhood epilepsy than male pre-service teachers. In parallel with this study, Hakami et al. (2021) conducted a study to examine the knowledge and attitude of university students in Saudi Arabia regarding epilepsy: Misconceptions of the next generation, revealed that female students had more positive attitudes than male students. Elçi and Boğaz (2018) also found that female students had more attitudes than male students. On the other hand, Üçer (2016) stated that the attitudes of primary school teachers towards childhood epilepsy did not change according to gender. In this context, this difference in the results of the study can be explained by the different sociodemographic characteristics of the study group. In future studies, the role of the gender variable can be revealed by conducting more studies on attitudes towards childhood epilepsies.

There was no difference between the attitudes of the students participating in the study towards childhood epilepsy according to their age groups. The evaluation of the knowledge levels and attitudes of the students of the Department of Health Management regarding epilepsy disease; a cross-sectional study conducted by Durmaz et al. (2022) shows similarities with our findings according to the results of the relevant variable of the study. Alzhrani et al. (2021), the knowledge, attitudes and practices of school teachers in Taif, Saudi Arabia towards students with epilepsy: cross-sectional study results and Eltibi and Shawahna (2022), the knowledge and attitudes of physical educators towards epilepsy and students with epilepsy: The results of a cross-sectional study from Palestine also concluded that there was a difference between age groups. In a study, it was stated that individuals have more knowledge about epilepsy disease and therefore develop more positive attitudes with experiences as age increases (Tuncer et al., 2022).

In the results of the attitude towards childhood epilepsy according to the class status of our research, it was concluded that the mean scores of the students were significantly higher. In the study of Anene-Okeke et al. (2020) on the knowledge, attitudes and practices of secondary school students towards epilepsy in Nsukka City, Enugu State, it was concluded that attitudes towards epilepsy increased positively as the class status increased. Shawahna and Jaber (2022) evaluated the knowledge and attitudes of Palestinian undergraduate nursing students towards epilepsy and epilepsy patients: In the results of a cross-sectional study, it was concluded that 4th grade students had higher attitudes towards epilepsy. The results of the study by Iannone et al. (2021) are similar to our research findings.

It was concluded that there was a significant difference between the attitudes towards childhood epilepsy of students studying in special education teaching according to whether they had heard information about epilepsy before. In a similar study conducted with university students in Turkey, 36.6% knew someone with epilepsy, 25.6% witnessed an epileptic seizure and 56.3% had information about epilepsy (Durmaz et al. 2022). This study is in parallel with our study. Elçi Boğaz (2018) also found that the attitude scores of students who had epileptic seizures and knew and knew someone with epilepsy were significantly higher than the others. In this context, it is thought that the presence of the disease in the immediate environment or in the family allows individuals to observe the course and possible conditions of the disease and this situation increases the positive attitude towards childhood epilepsy. Because individuals who know people with epilepsy are mostly aware of the physical and social difficulties brought by this disease and the problems experienced by these people (Şahin, 2011).

Significant differences were found between students' attitudes towards childhood epilepsy according to the status of receiving information about epilepsy (TV, internet, social media, school, etc.). In a study conducted with Palestinian nursing students, 50.9% of the students learned the information from school (Shawahna & Jaber, 2020). Unlike this study, in the study conducted by Ünsar et al. (2020) in Turkey, it was reported that 90.7% of the students obtained information about epilepsy from school/course/instructors. In line with these results, it can be concluded that the curriculum of the departments where this study was conducted is inadequate in epilepsy education. The results of Ibrahim et al.'s (2022) study on the awareness and attitude of first-year medical students towards epilepsy at Khartoum University in Sudan are in parallel.

There was a significant difference between the attitudes of students studying in special education teaching towards childhood epilepsy according to their knowledge of what kind of disease epilepsy is, and the majority of them answered as a neurological and psychiatric disease. In Kartal's (2016) study conducted with medical faculty students, it was reported that 70.9% of the students thought that epilepsy was of neurological origin, 38.4% thought that it was hereditary and 19.1% thought that it was a psychiatric disease. In a study conducted with university students in Jordan, students stated that epilepsy was caused by head trauma (56.5%), psychiatric causes (55.5%) and genetic origin (49.5%) (Hijazeen et al. 2014). In the study of Sert et al. (2017), nursing students gave the most incorrect answer as "epilepsy is a mental illness" (59.5%). Since the study included students studying in the field of health, it is seen that the rate of correct knowledge about epilepsy is not at the desired level. Similarly, in studies examining epilepsy knowledge levels in Turkey, it was determined that nursing students had moderate knowledge about epilepsy (Aksoy and Büyükbayram 2022). The studies conducted in the literature are similar to our findings.

In our research, it was concluded that there was a significant difference as a result of the answers given by the students against childhood epilepsy regarding the cause of childhood epilepsy, and that it was hereditary and caused by the disease. This finding is consistent with da Silva et al.'s (2022) beliefs and attitudes towards pediatric epilepsy: A structural equation modeling study is similar to our findings. Žuvela et al. (2023) in Croatian General Student Population and Biomedical Students' Knowledge and Attitudes Towards Epilepsy: A Cross-Sectional Study, it was determined that epilepsy was mostly answered as a hereditary disease. The results of Abuawad et al.'s (2023) study on the assessment of

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epilepsy awareness, knowledge and attitudes among pre-clinical and clinical medical students in the West Bank of Palestine are similar to our findings on the cause of epilepsy.

A significant correlation was found between the students' answers to the question "Do you think pediatric epilepsy is a contagious disease?" and childhood epilepsy, and it was concluded that the majority of them answered no. In Makasi et al. (2023), knowledge and misconceptions about epilepsy among people with epilepsy and their caregivers applying to mental health clinics: In a qualitative study in Taenia solium endemic pig breeding communities in Tanzania, it was concluded that epilepsy is not a contagious disease. Likewise, in the study of knowledge and attitudes towards epilepsy among people in the Sfax region of Tunisia by Triki et al. (2020), it was found that epilepsy is not a contagious disease, and in the study of knowledge and attitudes towards epilepsy among the educated community in Sudan by Babiker et al. (2021), it was found that a small segment of the society (3.4%) characterized it as a contagious disease and the majority did not accept it as a contagious disease. The study of Prameswari (2024) on epilepsy as a disease affecting neural networks and the study of Tshimbombu et al. (2024) on the review of epilepsy care in the Democratic Republic of Congo are similar to our research findings, and in the study of Tshimbombu et al. it was concluded that it was hereditarily transmitted.

IV. CONCLUSIONS

As a result of the research, it was concluded that the attitudes of students studying in the special education teaching department towards childhood epilepsy differed significantly when examined in terms of certain socio-demographic variables. It was determined that students studying in special education teaching who had knowledge about epilepsy had high attitudes towards childhood epilepsy. In this context, students can be informed about the diseases, accurate information about epilepsy can be conveyed to the society through written and visual media, and in-service trainings and seminars can be given to special education teachers. Peer-supported programs can be developed to increase the social adaptation of children with epilepsy through teachers. Qualitative and experimental studies, scale development and adaptation studies can be conducted with different sample groups related to our research topic.

Limitations: This study does not reflect the general population of students studying in the special education teaching department in our country and is limited to students studying in the special education teaching department who participated in the study voluntarily.

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