# Determining Seizure Self-Efficacy in School-Age and Adolescent Children with Epilepsy

*Epilepsili Okul Çağı ve Adölesan Dönemdeki Çocukların Nöbet Öz-Yeterliğinin Belirlenmesi*

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## ABSTRACT

***Aim:*** *Epilepsy frequently occurs in childhood and represents one of the most common neurological conditions seen in this age group. Managing the disorder effectively requires both adequate seizure control and the development of strong self-efficacy skills. This study aimed to explore the association between seizure-related self-efficacy and various sociodemographic factors among school-aged and adolescent children diagnosed with epilepsy.*

***Material and Methods:*** *The study was descriptive and cross-sectional in design, conducted between March and August 2017 at the Pediatric Neurology Outpatient Clinic of a hospital in Istanbul. A total of 127 children meeting the inclusion criteria participated in the study after providing informed consent. Data were gathered through a structured "Information Form" and the "Seizure Self-Efficacy Scale for Children with Epilepsy." Statistical analyses included frequency distributions, one-way ANOVA, and Student's t-test.*

***Results:*** *The average age of the participants was 12.6 years; the majority were female (60.6%) and middle school students (51.2%). The mean seizure self-efficacy score was 3.12, with a Cronbach's alpha of 0.866 indicating strong internal consistency. A significant positive correlation was found between age and seizure self-efficacy scores (p=0.017). Additionally, maternal (p=0.003) and paternal (p=0.043) education levels were significantly associated with differences in self-efficacy scores.*

***Conclusion:*** *Children face challenges related to long-term medication use and seizures. As age and parental education levels increase, seizure self-efficacy improves.*

**Key words:** *epilepsy; neurology; seizure; self-efficacy*

## ÖZET

***Amaç:*** *Epilepsi, çocukluk döneminde sık karşılaşılan nörolojik hastalıklardan biridir. Bu hastalığın etkili bir şekilde yönetilebilmesi, yalnızca nöbetlerin kontrol altına alınmasını değil, aynı zamanda çocukların güçlü bir öz-yeterlik becerisi geliştirmesini de gerektirir. Bu çalışmanın amacı, epilepsi tanısı almış okul çağı ve ergenlik dönemindeki çocuklarda nöbete yönelik öz-yeterlik düzeyleri ile çeşitli sosyodemografik faktörler arasındaki ilişkiyi incelemektir.*

***Gereç ve Yöntem:*** *Araştırma, tanımlayıcı ve kesitsel tasarıma sahip olup, Mart-Ağustos 2017 tarihleri arasında İstanbul'daki bir hastanenin Çocuk Nörolojisi Polikliniği'nde gerçekleştirilmiştir. Dâhil edilme kriterlerini karşılayan toplam 127 çocuk, bilgilendirilmiş onam alınarak çalışmaya dâhil edilmiştir. Veriler, yapılandırılmış bir "Bilgi Formu" ve "Epilepsili Çocuklar için Nöbet Öz-Yeterlik Ölçeği" kullanılarak toplanmıştır. İstatistiksel analizlerde frekans dağılımları, tek yönlü ANOVA ve Student's t testi kullanılmıştır.*

***Bulgular:*** *Katılımcıların yaş ortalaması 12,6 olup, çoğunluğunu kız çocukları (%60,6) ve ortaokul öğrencileri (%51,2) oluşturmaktadır. Nöbet öz-yeterlik puan ortalaması 3,12 olarak bulunmuş ve Cronbach alfa katsayısı 0,866 ile ölçeğin iç tutarlılığının yüksek olduğunu göstermiştir. Yaş ile nöbet öz-yeterlik puanları arasında anlamlı pozitif bir ilişki saptanmıştır (p=0,017). Ayrıca anne (p=0,003) ve baba (p=0,043) eğitim düzeyleri ile öz-yeterlik puanları arasında anlamlı farklılıklar gözlenmiştir.*

***Sonuç:*** *Çocuklar uzun süreli ilaç kullanımı ve nöbetlerle ilişkili çeşitli zorluklarla karşı karşıya kalmaktadır. Yaşın ve ebeveynlerin eğitim düzeyinin artması, nöbete yönelik öz-yeterlik düzeylerinin de yükselmesine katkı sağlamaktadır.*

**Anahtar kelimeler:** *epilepsi; nöroloji; nöbet; öz-yeterlik*

## Introduction

Epilepsy is a common neurological condition resulting from abnormal electrical discharges in the brain. Various factors, including genetic predispositions, neurobiological changes, cognitive development, and psychosocial dynamics, can influence it (1,2). According to the World Health Organization (WHO), epilepsy affects approximately 50 million people worldwide and is one of the most common neurological disorders. The active prevalence of epilepsy ranges from 4 to 10 per thousand (0.4–1%) of the general population (1,3).

Self-management is of great importance for patients due to the unpredictable nature of epilepsy seizures, which can occur at any time and in any place (4,5). The primary goal is to ensure effective seizure control while minimizing potential complications, thereby improving the patient's daily life. Providing patients and their parents with detailed information on medication adherence, seizure triggers, and emergency action plans is crucial for enhancing their ability to cope effectively (6,7).

Epileptic seizures can cause disruptions and limitations in children's daily activities, making it an emotionally challenging experience (8). Anxiety, depression, fear, and anger are common emotional responses in children with epilepsy. In addition, external factors such as social stigma and discrimination also negatively affect these children's quality of life. Overprotective attitudes of parents or excessive dependence of children on their parents can also hinder the child's independence and self-development. The combination of these internal and environmental factors makes it difficult to cope with chronic illness, lowering self-efficacy levels and overall quality of life (8–10).

Self-efficacy is an individual's belief in their ability to manage a particular situation and plays a key role in managing chronic illnesses. It enables the effective use of skills such as recognizing symptoms, adhering to treatment, and coping with psychosocial stress (11,12). In children with epilepsy, a strong sense of self-efficacy contributes to better seizure management, increased social adjustment, and improved academic achievement (13). On the other hand, low self-efficacy is associated with negative outcomes, including noncompliance with treatment, increased symptom burden, and greater use of health services (7,14).

This study was conducted to determine seizure-specific self-efficacy levels in school-aged children and adolescents with epilepsy and to examine their relationship with sociodemographic factors. The rationale of the study is that epilepsy in childhood has not only medical but also psychosocial dimensions, and seizure-specific self-efficacy has been addressed in a limited number of studies, particularly in Türkiye. The study aims to provide data to identify at-risk groups and to guide clinical practice. Therefore, this study aimed to determine the level of seizure-related self-efficacy among school-aged and adolescent children diagnosed with epilepsy and to examine whether sociodemographic variables such as gender, academic success, and the presence of another family member with epilepsy affect their seizure self-efficacy.

## Materials and Methods

### Study Aim

The present research sought to assess the level of seizure self-efficacy among school-aged and adolescent children diagnosed with epilepsy, while also exploring how these levels relate to selected sociodemographic variables. The study employed a descriptive, cross-sectional design and was conducted at the Pediatric Neurology Outpatient Clinic of a hospital in Istanbul from March to August 2017.

### Population and Sample

The sample of the study consisted of children with epilepsy who were under follow-up at a Pediatric Neurology Outpatient Clinic of a hospital in Istanbul between March and August 2017. The sample size was determined using G*Power. The expected effect size (r=0.25) was derived from the correlation reported between self-efficacy in children with epilepsy (15). The minimum required sample size was calculated as 122 participants. The final sample consisted of 127 participants. Eligibility criteria required participants to be between 9 and 17 years of age, to have had an epilepsy diagnosis for at least six months, and to be free from other chronic diseases or intellectual disabilities. Additional criteria included the ability to read and write, regular school attendance, the absence of communication difficulties, and the willingness of both the child and the parent to participate in the study. A convenience sampling method was used, as all eligible and accessible participants meeting the inclusion criteria were included during the study period.

## Instruments

***Information Form:*** Information on parents and their children was collected using this 24-question form. The form included demographic information about the child and their family (e.g., age, number of siblings, parents' education and occupation, and family structure). In addition, detailed information about the child's epilepsy, seizures, and medications was also included in the form, such as seizure frequency, seizure type, age at diagnosis, duration of the disease, seizure control status, antiepileptic medications, compliance with medication, and potential side effects.

***Seizure Self-Efficacy Scale for Children with Epilepsy (SSES):*** The Seizure Self-Efficacy Scale used in this study was developed by Caplin et al. and adapted into Turkish by Tutar, Güven, and Işler (16). This scale assesses the perceived efficacy of coping with seizures in children and adolescents aged 9–17 who have been diagnosed with epilepsy. The scale consists of 15 items, each scored from 1 ("I definitely cannot do this") to 5 ("I definitely can do this"). The total score ranges from 15 to 75 and includes two subscales: "Self-Efficacy During Seizures" and "Self-Efficacy in Seizure-Related Situations." These subscales enable a multidimensional assessment of an individual's self-efficacy perceptions both during seizures and in daily life situations related to seizures. High scores indicate a strong sense of self-efficacy, while low scores suggest that the individual may require additional support. While the original version reported a Cronbach's alpha of 0.89, the internal consistency coefficient obtained in the current study was 0.86 (17).

## Data Collection

Before data collection, the researchers thoroughly informed both the children with epilepsy and their parents about the study and obtained their verbal and written consent using an official consent form. Data were collected through face-to-face interviews with the children in a quiet setting. The data collection process took approximately 15 minutes per participant.

## Ethical Considerations

Before the study, ethical approval was obtained from the Ethics Committee of Istanbul University (No: 2017/09), and the Neurology Clinic of Cerrahpaşa Medical Faculty Hospital granted institutional permission. Informed verbal and written consent was obtained from the children and their parents. Additionally, permission to use the Seizure Self-Efficacy Scale for Children with Epilepsy was obtained via email from the author responsible for the Turkish validity and reliability study.

## Statistical Analysis

Data analysis was performed using IBM Statistical Package for Social Sciences (SPSS) program version 22 (IBM Inc., USA). The Shapiro-Wilk test was applied to assess the normality of the variable distributions, confirming that the data were normally distributed. Alongside descriptive statistics such as mean, standard deviation, and frequency, the Student's t-test was used to compare the two groups. For comparisons across more than two groups, one-way ANOVA was used, followed by Tukey's HSD test to identify the specific group differences. Pearson correlation analysis was conducted to explore relationships between variables, with statistical significance set at $p < 0.05$.

## Results

The average age of the participating children was 12.62 years (SD=2.12). Most of the sample consisted of female students (60.6%), and just over half were enrolled in secondary school (51%). Regarding epilepsy-related characteristics, the findings revealed that most children did not have another family member with epilepsy (83.5%), experienced seizures once or several times per year (59.8%), had received information about epilepsy (75.6%), and this information was primarily provided by physicians (91.7%). The most significant epilepsy-related challenge reported by the participants was experiencing seizures (51.2%) (Table 1).

Seizure self-efficacy scale scores in the study sample ranged from 1 to 5, with an average score of 3 (SD=0.67) (Table 2).

Analysis of SSES scores to sociodemographic variables revealed a statistically significant positive correlation between children's age and their total self-efficacy scores (r=0.21, p=0.017), indicating that older children had higher SSES scores. Significant differences were also found according to mothers' education (F=6.230, p=0.003) and fathers' education (F=3.223, p=0.043), with children of parents who had completed high school or above scoring higher. Children without a family history of epilepsy demonstrated significantly higher total SSES scores compared to those with such a history (t=-2.278, p=0.024). Academic performance

**Table 1.** *Descriptive characteristics of children and their parents (N=127)*

| Descriptive characteristics | Min-Max | Mean ± SD (median) |
|---|---|---|
| Age (year) | 9–17 | 12.62±2.12 (12) |
| Number of siblings (n) | 0–8 | 1.81±1.28 (2) |

| | n | % |
|---|---|---|
| **Gender** | | |
| Girl | 77 | 60.6 |
| Boy | 50 | 39.4 |
| **Education level** | | |
| Primary school | 26 | 20.5 |
| Secondary school | 65 | 51.2 |
| High school | 36 | 28.3 |
| **Maternal education level** | | |
| Primary school or below | 66 | 52 |
| Middle school | 20 | 15.7 |
| High school or above | 41 | 32.3 |
| **Paternal education level** | | |
| Primary school or below | 45 | 35.5 |
| Middle school | 27 | 21.3 |
| High school or above | 55 | 43.3 |
| **Economic status** | | |
| Good | 24 | 18.9 |
| Moderate | 94 | 74.0 |
| Poor | 9 | 7.1 |
| **Health insurance** | | |
| Yes | 123 | 96.9 |
| No | 4 | 3.1 |
| **Family type** | | |
| Nuclear | 116 | 91.3 |
| Extended | 10 | 7.9 |
| Other | 1 | 0.8 |
| **Family hist. of epilepsy (mother/father/ siblings)** | | |
| Yes | 21 | 16.5 |
| No | 106 | 83.5 |
| **Impact of the disease on school attendance** | | |
| Never | 85 | 66.9 |
| Sometimes | 42 | 3 |
| Always | 8 | 6.3 |
| **Academic performance** | | |
| Good | 62 | 48.8 |
| Moderate | 52 | 40.9 |
| Poor | 13 | 10.2 |
| **Seizure frequency (once or multiple times)** | | |
| Daily | 12 | 9.4 |
| Weekly | 16 | 12.6 |
| Monthly | 23 | 18.1 |
| Yearly | 76 | 59.8 |
| **Receiving information about the disease** | | |
| Yes | 96 | 75.6 |
| No | 31 | 24.4 |
| **Sources of information (n=96)*** | | |
| Physician | 88 | 91.7 |
| Nurse | 7 | 7.3 |
| Relatives of patients | 8 | 8.3 |
| Written materials | 12 | 12.5 |
| Tv/internet | 30 | 31.3 |
| **Knowledge about medications used** | | |
| No knowledge | 52 | 40.9 |
| Limited knowledge | 36 | 28.3 |
| Sufficient knowledge | 39 | 30.7 |
| **Significant challenges related to epilepsy*** | | |
| Disrupting responsibilities | 45 | 36.2 |
| Epileptic seizures | 65 | 51.2 |
| Social isolation | 33 | 26 |
| Continuous medication use | 93 | 73.2 |

*: multiple options have been selected; SD: standard deviation; Min: minimum; Max: maximum

**Table 2.** *Cronbach's alpha values of the seizure self-efficacy scale*

| Seizure self-efficacy scale | Total items | Min–max | Mean ± SD (median) | Cronbach alfa |
|---|---|---|---|---|
| Personal control of seizures | 11 | 1–5 | 2.96±0.73 (3) | 0.85 |
| Effect of environment on seizure control | 4 | 1–5 | 3.55±0.75 (3.75) | 0.59 |
| Total scale score | 15 | 1–5 | 3.12±0.67 (3.2) | 0.86 |

was significantly associated with the Seizure Personal Control (SPC) subscale (F=4.155, p=0.018). Tukey post hoc comparisons indicated that children with poor academic performance had significantly lower SPC subscale scores than those with good (p=0.038) and moderate (p=0.013) performance. A statistically significant difference was also observed in the Seizure Control by Environment (SCE) subscale scores as a function of time elapsed since the last seizure (F=4.670, p=0.011), indicating that children with more recent seizures had lower SCE scores. Children who identified disruption of daily responsibilities as their most significant epilepsy-related challenge had significantly lower SPC subscale scores (t=-2.318, p=0.022), SCE subscale scores (t=-2.799, p=0.006), and total SSES scores (t=-2.691, p=0.008) than those who did not. Similarly, children who reported social isolation as their most significant epilepsy-related challenge had significantly lower SPC subscale scores (t=-3.051, p=0.003), SCE subscale scores (t=-2.854, p=0.005), and total SSES scores (t=-3.426, p=0.001) than those who did not report this concern (Table 3).

## Discussion

Epilepsy is one of the most common neurological disorders in childhood and has significant effects not only on seizures but also on children's psychosocial development and quality of life (18). Self-efficacy is a fundamental determinant of coping with a chronic condition, as it enables individuals to take an active role in disease management (19). This study aimed to contribute to the literature by examining the seizure self-efficacy levels of children diagnosed with epilepsy and the individual and environmental factors that influence these levels.

Managing epilepsy as a chronic disease is a complex process that cannot be addressed solely through medication; effective self-management strategies, coping skills, and psychosocial support also play a vital role in this process (20). Research shows that assessing seizure

*Table 3. Evaluation of seizure self-efficacy scale scores based on epilepsy-related characteristics*

| Characteristics | | Personal control of seizures | Effect of environment on seizure control | Total scale score |
|---|---|---|---|---|
| Age | r; p | 0.17; 0.05 | 0.25; 0.00 | 0.21; 0.017* |
| Number of siblings (n) | r; p | -0.057; 0.521 | 0.033; 0.711 | -0.036; 0.691 |
| | | Ort ± SS | Ort ± SS | Ort ± SS |
| Gender | Girl | 3.04±0.62 | 3.63±0.75 | 3.19±0.60 |
| | Boy | 2.84±0.87 | 3.44±0.75 | 3.00±0.76 |
| | t; p | 1.323; 0.189 | 1.373; 0.173 | 1.465; 0.164** |
| **Maternal education level** | Primary school or below | 2.75±0.78 | 3.42±0.86 | 2.93±0.73 |
| | Middle school | 3.19±0.49 | 3.54±0.45 | 3.28±0.44 |
| | High school or above | 3.18±0.66 | 3.78±0.63 | 3.34±0.56 |
| | F; p | 6.230; 0.003 | 3.081; 0.052 | 6.076; 0.003*** |
| **Paternal education level** | Primary school or below | 2.88±0.76 | 3.45±0.83 | 3.03±0.73 |
| | Middle school | 2.74±0.69 | 3.41±0.88 | 2.92±0.67 |
| | High school or above | 3.12±0.69 | 3.71±0.57 | 3.28±0.59 |
| | F; p | 2.903; 0.059 | 2.165; 0.119 | 3.223; 0.043 |
| **Presence of a family member with epilepsy** | Yes | 2.63±0.74 | 3.35±0.77 | 2.82±0.71 |
| | No | 3.02±0.71 | 3.59±0.74 | 3.17±0.65 |
| | t; p | -2.278; 0.024 | -1.396; 0.165 | 0.525; 0.027 |
| **Academic performance** | Good | 2.97±0.76 | 3.54±0.78 | 3.12±0.70 |
| | Moderate | 3.07±0.64 | 3.59±0.74 | 3.21±0.60 |
| | Poor | 2.43±0.76 | 3.46±0.71 | 2.71±0.68 |
| | F; p | 4.155; 0.018 | 0.171; 0.843 | 2.982; 0.054 |
| **Seizure frequency (once/multiple times)** | Daily | 3.00±0.85 | 3.54±0.80 | 3.15±0.77 |
| | Weekly | 2.64±0.67 | 3.38±0.59 | 2.83±0.60 |
| | Monthly | 2.94±0.45 | 3.83±0.68 | 3.17±0.41 |
| | Yearly | 3.02±0.78 | 3.51±0.78 | 3.15±0.73 |
| | F; p | 1.281; 0.284 | 1.416; 0.241 | 1.099; 0.352 |
| **Sources of ınformation** | yes | 3.00±0.67 | 3.59±0.65 | 3.16±0.60 |
| | No | 2.81±0.89 | 3.44±0.99 | 2.98±0.85 |
| | t; p | 1.275; 0.205 | 1.005; 0.317 | 1.318; 0.190 |
| **Knowledge about the medication used** | No knowledge | 2.94±0.79 | 3.46±0.83 | 3.08±0.71 |
| | Limited knowledge | 3.05±0.64 | 3.58±0.71 | 3.19±0.61 |
| | Sufficient knowledge | 2.90±0.74 | 3.65±0.67 | 3.10±0.67 |
| | F; p | 0.405; 0.668 | 0.754; 0.473 | 0.293; 0.746 |
| **Disrupting responsibilities** | yes | 2.73±0.70 | 3.27±0.79 | 2.87±0.64 |
| | No | 3.05±0.72 | 3.67±0.70 | 3.22±0.66 |
| | t; p | -2.318; 0.022 | -2.799; 0.006 | -2.691; 0.008 |
| **Epileptic seizures** | Yes | 2.87±0.70 | 3.52±0.80 | 3.04±0.67 |
| | No | 3.05±0.75 | 3.59±0.70 | 3.19±0.66 |
| | t; p | -1.366; 0.174 | -0.580; 0.563 | -1.257; 0.211 |
| **Social isolation** | Yes | 2.57±0.80 | 3.18±0.68 | 2.73±0.66 |
| | No | 3.05±0.68 | 3.64±0.74 | 3.21±0.64 |
| | t; p | -3.051; 0.003 | -2.854; 0.005 | 0.426; 0.001 |
| **Continuous medication use** | Yes | 2.96±0.74 | 3.62±0.75 | 3.14±0.68 |
| | No | 2.95±0.71 | 3.38±0.74 | 3.06±0.65 |
| | t; p | 0.102; 0.919 | 1.561; 0.121 | 0.540; 0.590 |

*: Pearson correlation analysis; **: Student's t-Test; ***: One-way ANOVA; p<0.05.

self-efficacy can be a valuable tool for developing children's coping and adaptation skills (13,19,21). Study provides valuable information about the seizure self-efficacy levels of children with epilepsy and the factors that may influence these levels (13).

Our results demonstrated a significant positive correlation between age and seizure self-efficacy (p=0.017), indicating that older children had higher self-efficacy scores. Previous studies support this result, reporting that adolescents tend to demonstrate better disease management and higher self-efficacy than younger children (21,22).

Parental educational background was another significant determinant. Children whose mothers (p=0.003) and fathers (p=0.043) had higher education levels demonstrated significantly greater seizure self-efficacy.

This finding aligns with studies showing that educated parents are more likely to access health information, communicate effectively with healthcare professionals, and support their children's disease management (12,23). Thus, parental education appears to act as an empowering factor in the development of children's self-efficacy.

Children with a family history of epilepsy had significantly lower total self-efficacy scores (p=0.027) and lower SPC subscale scores (p=0.024). One possible explanation may be that exposure to other family members with epilepsy could normalize the condition within the household, potentially reducing children's perceived responsibility for seizure control. Alternatively, repeated exposure to relatives' seizures might increase anxiety and decrease children's perceived control, which could in turn lower self-efficacy.

Academic performance was also significantly associated with self-efficacy (p=0.018). Children with poor academic performance scored lower compared to those with moderate (p=0.013) and good performance (p=0.038). While some earlier studies, such as Caplin et al., did not report such associations, the present results may reflect cultural or sample-related differences (16). In Turkiye, academic success is strongly tied to self-confidence and social approval, which may indirectly influence children's health-related self-efficacy.

Psychosocial difficulties, including disruption of daily responsibilities and social isolation, emerged as strong predictors of lower self-efficacy. Children who reported disruptions in daily responsibilities had significantly lower SPC (p=0.022), SCE (p=0.006), and total self-efficacy scores (p=0.008). Similarly, those who perceived social isolation as a major problem scored lower on SPC (p=0.003), SCE (p=0.005), and the total score (p=0.001). These findings are consistent with prior evidence suggesting that stigma, limited peer support, and isolation negatively influence children's coping strategies and their sense of control over epilepsy (13,19). In contrast, strong social support has been consistently highlighted as a protective factor that enhances self-efficacy and quality of life (11).

Clinically, these findings highlight the importance of routinely assessing seizure self-efficacy in pediatric epilepsy care. Healthcare providers should pay particular attention to younger children, those with poor academic performance, and children reporting social isolation, as they are at higher risk of low self-efficacy. Structured training programs, counseling, and peer-support interventions may empower both children and families, enhancing treatment adherence and overall quality of life (20,2).

In conclusion, this study suggests that self-efficacy levels in children with epilepsy may be associated with age, parental education, academic performance, and psychosocial factors. The findings highlight the importance of identifying and supporting at-risk groups early.

## Limitations and Recommendation

This study was conducted in a single center, within a specific age group, and with a limited sample size, which may restrict the generalisability of the findings. Furthermore, the possibility of response bias cannot be excluded, as the data relied on self-reported measures. Future research should include multi-center studies with larger sample sizes to broaden and strengthen these findings. In pediatric epilepsy management, educational programs and coping strategies for children and parents, as well as psychosocial support to enhance seizure self-efficacy, are suggested.

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## Financial Resource

## Conflict of Interest

The authors declared no conflict of interest.

## Author Contributions

**Concept and Design:** Ş. M., D. G., Ö. E. K. A. Data Collection / Literature Review: Ş. M., E. K., S. A.

**Data Analysis and Interpretation:** Ş. M., Ö. E. K. A., D. G. Manuscript Preparation: Ş. M., Ö. E. K. A., D. G. Final Approval of the Manuscript: All authors.

## References

1. World Health Organization. Epilepsy [Internet]. 2019 [cited 2024 Nov 19]. Available from: https://www.who.int/newsroom/factsheets/detail/epilepsy

2. Turkish Neurology Association. Epilepsy Working Group diagnosis and treatment guide [Internet]. 2021 [cited 2024 Nov 19]. Available from: https://www.noroloji.org.tr/TNDData/Uploads/files/Epilepsi%202015%20G%C3%BCncellenmi%C5%9F.pdf

3. Günbey C, Turanlı G. Epilepsy and pediatric epilepsy syndromes. Turk J Pediatr Dis. 2022;16:249–257. https://doi.org/10.12956/tchd.888121

4. Akdağ G, Algın Dİ, Erdinç OO. Epilepsy. Osmangazi Med J. 2016;38(Suppl 1):35-41. https://doi.org/10.20515/otd.88853

5. Balal M, Demir T, Aslan K, Bozdemir H. Prevalence of epilepsy in Adana province and its relationship with sociodemographic factors. Turk J Fam Med Prim Care. 2017;11(1):20–28. https://doi.org/10.21763/tjfmpc.296272

6. Başkale H, Çetinkaya B, Ceylan SS, Öztaş Ü. Life satisfaction and coping attitudes of mothers of children with epilepsy. Curr Pediatr. 2019;17(2):265–278. https://doi.org/10.4274/jcp.2019.0024

7. Yorulmaz DS, Çınar S, Kanbay Y. Experiences and seizure burden of children diagnosed with epilepsy and their families: a phenomenological study. Turkiye Klinikleri J Health Sci. 2021;6(4):734–744. https://doi.org/10.5336/healthsci.2020-80352

8. Dunn D, Walsh K. Anxiety in children and adolescents with epilepsy. J Pediatr Epilepsy. 2018;7(3):97–102. https://doi.org/10.1055/s-0038-1676537

9. Tutar Güven Ş, İşler A. The importance of seizure self-efficacy in children with epilepsy in terms of disease management. Epilepsy. 2014;20(3):103–106. https://doi.org/10.5505/epilepsi.2014.92905

10. Kahraman A, Bolışık B. Examination of attitudes of children with epilepsy towards their illness. Peer Rev Acad J Sports Health Med Sci. 2014;10(4):53–66.

11. Huang Y, Li S, Lu X, Chen W, Zhang Y. The effect of self-management on patients with chronic diseases: a systematic review and meta-analysis. Healthcare (Basel). 2024;12(21):1–15. https://doi.org/10.3390/healthcare12212151

12. Kolahi AA, Abbasi-Kangevari M, Bakhshaei P, Mahvelati-Shamsabadi F, Tonekaboni SH, Farsar AR. Knowledge, attitudes, and practices among mothers of children with epilepsy: a study in a teaching hospital. Epilepsy Behav. 2017;69:147–152. https://doi.org/10.1016/j.yebeh.2016.10.018

13. Ayar D, Bektas M, Ünalp A, Edizer S, Yalçıntuğ FM, Güdeloğlu E. The association between seizure self-efficacy of children with epilepsy and perceived stigma. Epilepsy Behav. 2020;110:107141. https://doi.org/10.1016/j.yebeh.2020.107141

14. Tutar Güven Ş, Fırat MZ, Dalgıç Aİ. Seizure self-efficacy scale for children with epilepsy: confirmatory and exploratory factor analysis. J Pediatr Res. 2017;4(4):220–226. https://doi.org/10.4274/jpr.60490

15. Akbarbegloo M, Valizadeh L, Zamanzadeh V, Jabarzadeh F. The relationship between self-efficacy and psychosocial care in adolescents with epilepsy. Epilepsy Res Treat. 2015;2015:1–7. https://doi.org/10.1155/2015/756849

16. Caplin D, Austin JK, Dunn DW, Shen J, Perkins S. Development of a self-efficacy scale for children and adolescents with epilepsy. Child Health Care. 2002;31(4):295–309. https://doi.org/10.1207/S15326888CHC3104_3

17. Tutar Güven Ş, İşler A. Validity and reliability study of the seizure self-efficacy scale for children with epilepsy. Arch Neuropsychiatr. 2015;52:47–53. https://doi.org/10.5152/npa.2015.7399

18. Smith G, Modi AC, Johnson EK, Shegog R, Austin JK, Wagner JL. Measurement in pediatric epilepsy self-management: a critical review. Epilepsia. 2018;59(3):509–522. https://doi.org/10.1111/epi.13992

19. Zhao J, Li S, Zhang N, Cui C, Wang T, Fan M, et al. Felt stigma and associated factors in children and adolescents with epilepsy: a multicenter cross-sectional study in China. Front Neurol. 2024;15:1–11. https://doi.org/10.3389/fneur.2024.1459392

20. Wagner JL, Modi AC, Johnson EK, Shegog R, Escoffery C, Bamps Y, et al. Self-management interventions in pediatric epilepsy: What is the level of evidence?. Epilepsia. 2017;58(5):743–754. https://doi.org/10.1111/epi.13711

21. Ferro MA, Avison WR, Campbell MK, Speechley KN; Canadian Child Neurocognitive Outcomes Study Group. The impact of maternal depressive symptoms on health-related quality of life in children with epilepsy: a prospective study of family environment as mediators and moderators. Epilepsia. 2011;52(2):316–325. https://doi.org/10.1111/j.1528-1167.2010.02769.x

22. Tekçiftçi F. The relationship between seizure self-efficacy and quality of life in children with epilepsy [master's thesis]. Konya: Necmettin Erbakan University, Institute of Health Sciences; 2024.

23. Duran S, Can Öz Y. Self-management, spousal support, and related factors among individuals diagnosed with epilepsy. Arch Epilepsy. 2024;30(1):78–83. https://doi.org/10.4274/ArchEpilepsy.2024.23109