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[10.1016/j.yebeh.2010.07.015](#) Published: NOV 2011  
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2. Title: [Effect of High Aluminum Concentration in Water Resources on Human Health, Case Study: Biga Peninsula, Northwest Part of Turkey](#)  
 Author(s): Bakar Coskun; [Karaman Handan](#) Isin Ozisik; Baba Alper; et al.  
 Source: ARCHIVES OF ENVIRONMENTAL CONTAMINATION AND TOXICOLOGY Volume:  
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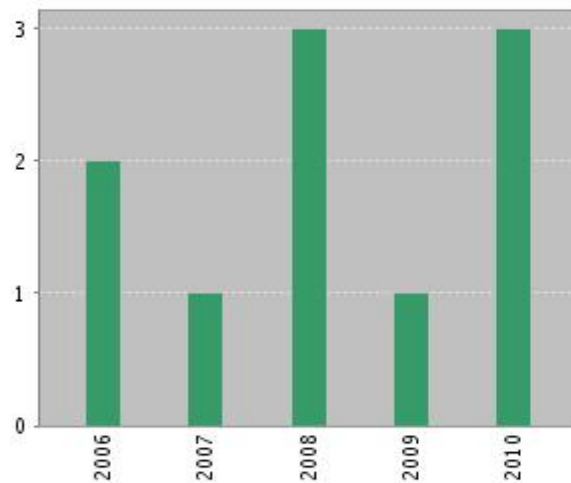
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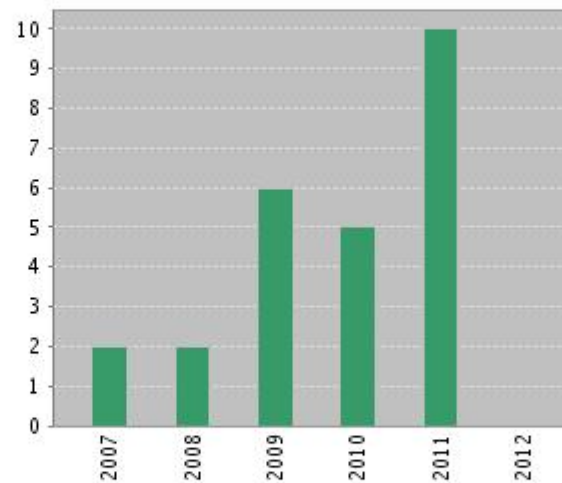
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## 2) Makalenin hepsinin basılmasına gerek yoktur, ilk sayfasının basılması yeterlidir. Çıktı üzerinde ilgili yazar ve kurumu belirtilir.

**EK 7.1.1.A**



### Perceptions of epilepsy of three different groups in Turkey

Yıldız Degirmenci <sup>a,\*</sup>, **Handan İsin Ozişik Karaman <sup>b</sup>**, Coskun Bakar <sup>c</sup>

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Stigma

#### ABSTRACT

**Objective:** Our aim was to investigate epilepsy-related knowledge, behavior, perceptions, and attitudes of people with epilepsy, their relatives, and a control group (390 participants in total) at the State Hospital Neurology Clinic, Yulisekova City, Turkey.  
**Methods:** The Survey of Epileptic Patient Relatives on the Knowledge, Attitudes, and Behavior Regarding the Disorder was used and included questions about descriptive characteristics, familiarity with epilepsy, attitudes toward epilepsy, and understanding of epilepsy. Data on SPSS 15.0 software were analyzed with the  $\chi^2$  test.  
**Results:** Patients (95.3%), their relatives (89.2%), and controls (63.3%) felt primarily fear when they heard the diagnosis of epilepsy. Most participants would not let their child marry a person with epilepsy, with no statistically significant difference between groups ( $P>0.05$ ). Patients (66.7%) and relatives (70%) saw no problem in people with epilepsy having children; there was a statistically significant difference between groups on this point because of the control group's response (31.5%) ( $P<0.05$ ).  
**Conclusion:** Patients and relatives showed similar attitudes and behaviors, perhaps because they had common information and experience regarding the disorder.

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#### 1. Introduction

Epilepsy is one of the most common chronic neurological disorders, affecting approximately 50 million people worldwide [1,2]. The prevalence of epilepsy, which varies in different societies, is reported to be 20–50 per 100,000, and the incidence, 4–10 per 1000 [3,4]. These rates are thought to be higher in developing countries because of perinatal causes and insufficient health care [5]. According to the results of a limited number of studies including all age groups, the prevalence in Turkey is reported to be 6.1 to 10.2 per 1000 [6–11].

An epileptic seizure is still considered a mystical event, mostly in developing countries such as Malaysia [12–15]. Traditional beliefs and religion play an important role in shaping the stereotypes, attitudes, and bias of societies with respect to epilepsy. On the basis of culture, philosophy, and religion, persons in undeveloped and developing countries often consider epilepsy the result of good or bad spirits [16]. Even in Turkey, people view epilepsy as supernatural, and it is considered common sense for the person with epilepsy to go to the hodja, wear an amulet, and participate in religious ceremonies.

Previous studies revealed that these mistaken perceptions led to limited social relationships and lowered the quality-of-life index of

people with epilepsy (PWE) [17,18]. To deal with these misjudgments, the World Health Organization (WHO), the International League Against Epilepsy (ILAE), and the International Bureau for Epilepsy (IBE) initiated the campaign "Out of the Shadows" in 1997 [19].

Stigmatization ("labeling" or "marking") encompasses behaviors based on assumptions about particular groups that lead to exclusion of those groups from the wider community. Religions, beliefs, culture, and tradition contribute to this stigmatization. Stigmatization and negative approaches lower the quality of life of individuals in these excluded groups, causing them to live an isolated life and delaying their receipt of assistance [20].

With respect to epilepsy, the social stigmatization is thought to be due to the perception of epilepsy as a series of unpredictable, unpreventable, and unexplainable attacks, perhaps hereditary, that affect personality and mental functions significantly [17]. Society's negative judgments and exclusionary behaviors result in a social stereotype [21]. Perceptions of and approaches to epilepsy in society, especially for PWE and their relatives, are still under study [22].

Our aim was to investigate the knowledge and perceptions of epilepsy and preferred treatment options of PWE, their first-degree relatives, and healthy individuals. Our second aim was to evaluate the behaviors and approaches toward PWE of first-degree relatives of patients and healthy individuals. We believed investigation of these issues would lead us to evaluate local social stigmatization.



### DİKKAT:

→ **BURAYA KADAR OLAN GÖSTERİMLERİN HEPSİ YAZICIDAN ÇIKTI OLARAK ALINARAK, ÇIKTI ÜZERİNDE İLGİLİ YERLER GÖSTERİLDİĞİ ŞEKLİLE MUTLAKA BELİRTİLECEKTİR.**

→ **Makale veya bildirilerin sağ-üst köşesine D cetvelinde karşılık gelen madde numarası mutlaka yazılacaktır (Örnek: EK 7.1.1.A, EK 7.1.1.B, EK 7.2.9.A, EK 7.2.9.B, EK 7.2.9.C, vb.)**

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3) Makalenin künyesi D cetvelinde ilgili yere yazılır. Makaledeki yazar sayısı ve yazarların kurumu dikkate alınarak ilgili talimat doğrultusunda puan hesabı yapılır.

### EK 7.1.1.A

A12		7.1 SÜRELİ DERGİLERDEKİ YAYINLAR											
A	B	C	D	E	F	G	H	I	J	K	L	M	N
10	Dekan:	İmza:											
11													
12	<b>7.1 SÜRELİ DERGİLERDEKİ YAYINLAR</b>												
13		<b>KÜNYE</b>	<b>Adet</b>	<b>Çarpan</b>	<b>Toplam Puan</b>								
14	1	SCI - Expanded, SSCI ve AHCI tarafından taranan dergilerde yayımlanan her araştırma ve derleme için (YAYIN BAŞINA)											
15		Değirmenci, Y; <u>Karaman, HIO</u> ; Bakar, C. "Perceptions of epilepsy of three different groups in Turkey." EPILEPSY & BEHAVIOR Volume: 19 Issue: 3 Pages: 315+ Nov.2010.	1	400	240								
16													
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20	2	SCI - Expanded, SSCI ve AHCI tarafından taranan dergilerde yayımlanan teknik not, editöre mektup, olgu sunumu											
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23	3	SCI-Expanded dışındaki uluslararası hakemli veya TÜBİTAK Ulakbim Türk Tıp Dizini Kurulu tarafından taranan ulusal hakemli dergilerde yayımlanan araştırma ve derleme (Yayın											
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26	4	SCI - Expanded dışındaki uluslararası hakemli veya TÜBİTAK-Ulakbim Türk Tıp Dizini Kurulu tarafından taranan ulusal hakemli dergilerde yayımlanan teknik not,											
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29	5	ISI Web of Science'da belirtilen h faktörü ( h x40 PUAN)											
30			2	40	80								
31	<b>7.2 Kongre Ve Sempozyumlarda Sunulan Sözel Ve Poster Bildiriler</b>												
		Uluslararası bilimsel toplantılarda sunulan ve tam metni ya											

Yayın, makale veya konuşmalara ait künyelerin alttaki satırlara açıkça yazılması, mümkünse ilgili yazarın "koyu renk tonla" işaretlenmesi gerekmektedir.

Tek yazarlı bilimsel faaliyetler tam puan, 2 yazarlı bilimsel faaliyetlerde %60/40 oranı, 3 yazarlı bilimsel faaliyetlerde %50/30/20 oranı, 4 yazarlı bilimsel faaliyetlerde %40/25/20/15 oranı, 5 ve daha fazla yazarlı bilimsel faaliyetlerde ilk yazar %30 kalan puanlar ise yazar sayısına bölünerek hesaplama dikkate alınmalıdır.

Farklı üniversitelerle ortak yapılan yayınlarda sadece fakülte öğretim elemanı esas alınır. Tek isim puanların tamamını alırken birden fazla isimlerde not 1 deki oranlar isim sırasına göre geçerlidir.

İlk yazar farklı bir kurumdan olup (ÇOMÜ dışından) ve de kendi kurumundan tek isimdir.

Bu nedenle ilk yazar kendi D cetvelini doldururken 400 puanı hiç bölüşmeden, tamamını yazacaktır.

ÇOMÜ'den iki yazar bulunmaktadır. Yukarıdaki talimat uyarınca 400 puan bu iki yazar arasında (sırasıyla %60 ve %40) bölüşürülecektir.

$$400 \times 0,6 = 240$$

İkinci sıradaki yazar kendi D cetvelini doldururken 240 ve Üçüncü sıradaki yazar da 160 puan yazacaktır.

**B) 7.1 TÜRK TIP DİZİNİ-ULAKBİM**

**TÜBİTAK TÜRK TIP DİZİNİNE 2010 yılında giren hakemli dergilere ulakbim.gov.tr adresinden ulaşılmalı ve veri tabanına giren dergi listesi eklenmelidir.**

**C) 7.2 KONGRE VE SEMPOZYUMLARDA SUNULAN SÖZEL VE POSTER BİLDİRİLER**

**Özet kitapçığında fotokopisi konulup üzerinde yazar ve kurumu belirtilmelidir. Bildirideki YAZAR SAYISI VE YAZARLARIN KURUMU dikkate alınarak ilgili talimat doğrultusunda puan hesabı yapılmalıdır.**

**D) 7.4 DİĞER YAYIN FAALİYETLERİ**

**Önceki yıllarda basılmış kitapların yeniden basımı söz konusu olsa bile kitabın yazarı tarafından yalnızca bir (1) yıl için D cetvelinde gösterilebilir. Kitabın revizyonu ile birlikte yeniden basılması durumunda belgelenmesi şartıyla kitabın yazarı tarafından bir başka yılın D cetvelinde gösterilebilir.**

**E) 7.5 DESTEKLENEN BİLİMSEL PROJELER**

**Yönetici veya Yürütücü olarak katıldığınız PROJENİN ADI VE NUMARASI mutlaka yazılmalıdır ve mümkünse belgelenmelidir.**

**F) 7.7 BİLİMSEL ÖDÜLLER**

**Belgesi mutlaka eklenmelidir.**

**G) 7.8 ULUSAL ve ULUSLAR ARASI BİLİMSEL TOPLANTI ORGANİZASYONU**

**İlaç firmasının yaptığı veya halka yönelik bilgilendirme toplantıları hariçtir. Resmi onaylı belgeler mutlaka eklenmelidir.**

**H) 7.9 BİLİMSEL DERGİ EDITÖRLÜĞÜ veya DANIŞMANLIĞI**

**Editorial Board'da olduğuna dair mutlaka belge eklenmelidir.**