

Women and epilepsy, psychosocial aspects in Sri Lanka

Ranjanie GAMAGE MD (Sri Lanka), MRCP (UK)

Institute of Neurology, National Hospital of Sri Lanka, Kotte, Sri Lanka

Women with epilepsy face many cultural and social issues, more so in an Asian Society. Recognizing and providing solutions for the psychosocial and emotional consequences is as important as treating the seizures. This is an observation based on clinical practice and involvement with epilepsy movement from Sri Lanka.

The issues women with epilepsy have to face vary at different stages of their life. Some of these are unique and need special consideration.

As an infant, there are no significant differences in the way society perceives an epileptic whether it is male or female. The problems surface when the child attains school going age. A schoolgirl is isolated because of fear and rejection by her peers and teachers alike. Parents fear that she may be subjected to abuse following a fit. Parents are also concerned about injuries and disfigurements following falls during a seizure. Having a tendency to be over protective, the parents are often reluctant to send a child to school. In Sri Lanka, girls have less expectation to attain a good education. School attendance for girls is anyway low. Thus the school drop out rate is higher for female epileptic patients. They often end up not going to school or being early dropouts.

Adolescence is an important stage of a child's emotional growth. A female epileptic faces many emotional difficulties during this period, which include poor emotional growth and development and fear of sexual abuse, all of which affect socialization. Overprotection by the family reduces social interactions and skills. The adolescents are more sensitive to the adverse effects of anti-epileptic drugs, such as weight gain and hair loss.

In Sri Lanka, marriage is most often arranged between the parties. Most men are unwilling to accept proposal from a girl who has epilepsy. A history of epilepsy often results in breaking proposals. Thus, women with epilepsy often remain single. When the epilepsy is concealed and subsequently exposed after marriage, the wife is either ill-treated or sent back to her

parent's home. Women with epilepsy are often beaten and divorced by their husbands. Epilepsy is legally a valid reason for divorce in Sri Lanka. However, if a girl discovers that her partner to be is an epileptic, she is less likely to leave him, specially in arranged marriages. Sexual problems are common amongst patients with epilepsy. In Sri Lanka, these problems are very rarely brought out in to the open and there is very little help to solve them.

If the disease has been concealed before marriage, there will be problems in taking and continuing anti epileptic drugs. Patients are not brought to clinics for treatment. This is an important cause of treatment delay in Sri Lanka, despite good availability of primary health care in the country.

There is a misbelieve that women with epilepsy cannot bear children. Women with epilepsy are often anxious about the effect of anti epileptic drugs on the fetus. They thus often try to avoid pregnancy. There are others who reduce dosages of antiepileptic drugs or even stop them to avoid the potential danger to the fetus. A host of myths remain regarding the suitability of women with epilepsy for childbearing and breast-feeding.

When it comes to employment many women with epilepsy come from lower socioeconomic background and had very little formal education. They are often unskilled and have great difficulty in finding suitable employment.

On the other hand, women with healthy attitudes towards epilepsy can contribute to better quality of life of the epilepsy sufferers. As a mother, she can be well informed, determined, not overprotective and encouraging towards her child with epilepsy.

Many schoolteachers are women. A major part of a school going child's waking hours is spent in school, and the child is likely to get a seizure in school. The teacher is at a unique position to identify these children and refer them for medical treatment. Teachers who are well informed, determined, and have a correct attitude towards epilepsy will help the children with epilepsy to have a healthy development.

To change the society's attitude to epilepsy, and thus better care to women with epilepsy, we should work with the traditional medicine physicians and the clergies. These groups are influential in the belief and practice of epilepsy; they should thus be brought into partnership in battle towards better care of epilepsy.