

Marital prospects of people with epilepsy among Asians

Myeong-Kyu KIM

Department of Neurology, Chonnam National University Medical School Gwangju, Korea 501-757

Abstract

Epilepsy can have serious consequences on marriage among Asians. The marriage rate among Korean people with epilepsy was about 80% of expected in general population. Other than seizures, unemployment in men and earlier onset of seizures are significant factors for lower marriage rate. The overall divorce rate in general population aged more than 20 years in Korea was 0.7% as compared with 9% in people with epilepsy. Similar high divorce rate was also reported in India particularly among women. Active seizures and unemployment may be factors in divorce particularly among men in Korea

INTRODUCTION

Epilepsy has serious adverse effects on various aspects of a patient's social life. It has been reported that some people with epilepsy (PWE) find social stigma more devastating than seizure itself and that a low quality of life of PWE is strongly correlated with the high level of stigma toward epilepsy.¹⁻² According to previous studies, about 50-90% of respondents of surveys performed in some Asian countries replied that they would object to their son or daughter marrying a person who sometimes has seizures.³⁻⁵ However, there are very few studies on this aspect of epilepsy from Asian countries. A questionnaire survey was conducted in 2006 to get basic data on marital status and to clarify the clinical factors affecting marital status of Korean PWE. An eligible patient must have been treated for at least 3 years at an epilepsy clinic and aged over 20 years at the beginning of the study period. A face-to-face interview with a standardized questionnaire was performed with a total of 153 patients. The present paper is based on the survey with review of literature.

MARITAL PROSPECT OF PEOPLE WITH EPILEPSY

The marriage rate among Korean PWE was about 80% of expected in general population. It is generally agreed that PWE are less likely to marry than general population all over the world.^{6,7} Male gender was associated with low marriage rates except an Indian study by Agarwal *et al*, which reported the reverse.⁸ The authors of the

Indian study suggested that the lower marriage rate in Indian women with epilepsy to be due to lower social status of women in the male dominant Indian society. This shows that social effect of stigma toward epilepsy varies from culture to culture and from country to country.

More than 50% of patients who were single at the time of the Korean survey replied that they were unmarried because of epilepsy. However, it seemed that seizure (seizure type or severity) was not the only factor influencing the marital status of PWE. Occupational status of men with epilepsy also influenced their marital status. The marriage rate of unemployed men was significantly lower than that of unemployed women. Similarly, a Japanese study showed that only 11% of males with epilepsy who were unemployed were married, in contrast to more than 50% of males with epilepsy who were employed at the time of the survey were married.⁹

Patients with earlier onset of epilepsy were less likely to be married than those with later onset of epilepsy. Mean age of onset of epilepsy among unmarried patients was 17.2 years, which was significantly lower when compared with 24.4 years among married patients in the Korean survey. Similar phenomenon was also observed in several studies from elsewhere.^{6,8,10}

In relation to spouses' awareness of the disease, only 30-50% of PWE in Korea and Japan had informed their spouses of the disease before marriage.⁹ Patients who entered an arranged marriage were less likely to inform their spouses of their disease than were patients who had love marriage in Japan.⁹ Such trend was also evident

in our 2006 survey. However, the difference was not statistically significant.

DIVORCE RATE OF PEOPLE WITH EPILEPSY

The overall divorce rate in general population aged more than 20 years in Korea was 0.7% as compared with 9% of PWE in our survey. Similar high divorce rate was also reported in India. The divorce rate among women in general population aged more than 15 years was 0.9%, as compared with 5.8% among women with epilepsy.⁸ All the epilepsy subjects who had experienced divorce were women in India. However, in Japan and Korea, gender difference in divorce rate was not as obvious. Thus, although there was generally a higher divorce rate in women with epilepsy than in men in Asian countries, similar social stigma and problem was also seen among men, at least in some countries. About 80% of the divorced patients had not informed their spouses of the disease before marriage and about 75% of divorced patients had arranged marriage in the 1996 Japan survey.⁹ However, in our 2006 Korean survey, divorce rate was much higher among patients who had informed their partners before marriage and among those who had love marriage. The reasons for the discrepancies in the surveys done 10 years apart in these two countries remain unclear. It could reflect some change in stigma against epilepsy over time, and cultural difference between the two countries.

The higher divorce rate among PWE was especially so among those whose epilepsy was not in remission. Factors such as unemployment in patients who had recurrent seizures may be a causative factor for the higher divorce rate, particularly among men in Korea.

STRIVING TOWARDS BETTER MARITAL HEALTH FOR PEOPLE WITH EPILEPSY

In conclusion, poor marital prospect and high divorce rate of PWE in many Asian countries reflect the effects of social stigma and many other adverse factors that the PWE have to face, although there are already progresses in some societies. There should be more concerted public efforts, including international campaign, to enable PWE to come out the shadow, and to create a more accepting environment for PWE. Early treatment with better seizure control will help in the marital prospect. A public employment policy favorable to PWE will also help in facilitating their marital stability. At least in some Asian countries,

there should be further efforts to raise women's right and social status. Also, family counseling is needed for those facing marital conflicts and at risk of marital breakdown. There should be greater attention of this important aspect of life of PWE from the professional and lay epilepsy societies.

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