



## The dilemma of arranged marriages in people with epilepsy. An expert group appraisal



Gagandeep Singh <sup>a,\*</sup>, Apoorva Pauranik <sup>b</sup>, Bindu Menon <sup>c</sup>, Birinder S. Paul <sup>a</sup>, Caroline Selai <sup>d</sup>, Debashish Chowdhury <sup>e</sup>, Deepak Goel <sup>f</sup>, H.V. Srinivas <sup>g</sup>, Hitant Vohra <sup>h</sup>, John Duncan <sup>i</sup>, Kalyani Khona <sup>j</sup>, Manish Modi <sup>k</sup>, Man Mohan Mehndiratta <sup>l</sup>, Parampreet Kharbanda <sup>k</sup>, Parveen Goel <sup>a</sup>, Pravina Shah <sup>m</sup>, Rajinder Bansal <sup>a</sup>, Renu Adlakha <sup>n</sup>, Sanjeev Thomas <sup>o</sup>, Satish Jain <sup>p</sup>, Urvashi Shah <sup>q</sup>, V.S. Saxena <sup>r</sup>, Veena Sharma <sup>s</sup>, V.V. Nadkarni <sup>t</sup>, Yashoda Wakankar <sup>u</sup>

<sup>a</sup> Department of Neurology, Dayanand Medical College, Ludhiana, India

<sup>b</sup> Department of Neurology, Mahatma Gandhi Memorial Medical College, Indore, India

<sup>c</sup> Department of Neurology, Narayana Medical College, Nellore, India

<sup>d</sup> UCL Institute of Neurology, Queen Square, London, UK

<sup>e</sup> G.B. Pant Hospital, New Delhi, India

<sup>f</sup> Department of Neurology, Himalayan Institute Hospital Trust University, Dehradun, India

<sup>g</sup> Department of Neurology, Sagar Hospital, Bengaluru, India

<sup>h</sup> Department of Anatomy, Dayanand Medical College, Ludhiana, India

<sup>i</sup> Department of Clinical and Experimental Epilepsy, UCL Institute of Neurology, London, UK

<sup>j</sup> Wanted Umbrella, New Delhi, India

<sup>k</sup> Department of Neurology, Postgraduate Institute of Medical Education & Research, Chandigarh, India

<sup>l</sup> Janakpuri Superspecialty Hospital, New Delhi, India

<sup>m</sup> Department of Neurology, Fortis Hospital, Mumbai, India

<sup>n</sup> Center for Women's Development Studies, New Delhi, India

<sup>o</sup> Sree Chitra Tirunal Institute for Medical Sciences & Technology, Trivandrum, India

<sup>p</sup> Indian Epilepsy Centre, New Delhi, India

<sup>q</sup> Department of Neurology, K.E.M. Hospital, Mumbai, India

<sup>r</sup> Indian Epilepsy Association, Gurgaon, India

<sup>s</sup> Human Rights Law Network, Chandigarh, India

<sup>t</sup> Department of Neurology, Mangesh Neuro Centre, Indore, India

<sup>u</sup> Samvedana Epilepsy Group, Pune, India

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### ABSTRACT

**Introduction:** Matrimony remains a challenging psychosocial problem confronting people with epilepsy (PWE). People with epilepsy are less likely to marry; however, their marital prospects are most seriously compromised in arranged marriages.

**Aims:** The aim of this study was to document marital prospects and outcomes in PWE going through arranged marriage and to propose optimal practices for counseling PWE contemplating arranged marriage.

**Methods:** A MEDLINE search and literature review were conducted, followed by a cross-disciplinary meeting of experts to generate consensus.

**Results:** People with epilepsy experience high levels of felt and enacted stigma in arranged marriages, but the repercussions are heavily biased against women. Hiding epilepsy is common during marital negotiations but may be associated with poor medication adherence, reduced physician visits, and poor marital outcome. Although divorce rates are generally insubstantial in PWE, divorce rates appear to be higher in PWE undergoing arranged marriages. In these marriages, hiding epilepsy during marital negotiations is a risk factor for divorce.

**Conclusions:** In communities in which arranged marriages are common, physicians caring for PWE are best-equipped to counsel them about their marital prospects. Marital plans and aspirations should be discussed with the family of the person with epilepsy in a timely and proactive manner. The benefits of disclosing epilepsy during marital negotiations should be underscored.

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\* Corresponding author at: Department of Neurology, Dayanand Medical College, Ludhiana 141001, Punjab, India. Tel.: +91 161 2452043.  
E-mail address: [g.singh@ucl.ac.uk](mailto:g.singh@ucl.ac.uk) (G. Singh).

## 1. Introduction

Epilepsy, one of the most common neurological disorders, literally means “to be seized with”. Although epilepsy appears relatively straightforward to treat, the management of psychosocial issues associated with it is considerably complex. People with epilepsy (PWE) are more often ‘seized by’ difficult social environments and negative attitudes than by epileptic seizures. Negative attitudes lead to stigmatization in education, employment, and marriage.

Until recently, marriages were either forbidden or could be invalidated because of epilepsy [1]. Western industrialized countries have experienced positive legislative reform and improvements in public attitudes in relation to marriage and epilepsy [2,3]. However, in many Oriental and South and West Asian communities, the stigmatization potential of epilepsy during matrimony is immense, only insufficiently documented [4–8]. The stigma leads to reduced prospects of marriage, marital discord, and possibly an increased likelihood of divorce following marriage [4,5,9].

Arranged marriage refers to parental/elder control in choosing marital partners [10]. Elders track down marital partners through their social contacts or print and electronic media and base the search on considerations of religion, caste, socioeconomic status, physical characteristics, and horoscopic predictions. Traditionally, arranged marriages afford little opportunity for prospective partners to meet and develop rapport. Hence, PWE fail to disclose the fact that they have epilepsy during matrimonial negotiations, while those who disclose upfront are often faced with rejection. Professionals in epilepsy care frequently face the challenging task of providing counsel regarding the optimal way to deal with the situation. Very few studies have examined marital prospects and outcome in PWE, and there is little scientific data on which to base guidance to PWE seeking partners through arranged marriage [4,5,11,12]. Here, we report the outcome of a meeting of experts in epilepsy, social science, and legal and administrative services in order to consider optimal practices for caregivers (including physicians) contending with arranged marriage in PWE.

## 2. Material and methods

A MEDLINE search undertaken (by GS) using the search terms “Epilepsy” and “Marriage” yielded 213 abstracts. Of these, 132 were excluded (28, in languages other than English; 53, unrelated to epilepsy; 51, not alluding to marriage). Full papers of the remainder (Table 1) were reviewed (GS, VSS, and ST).

A roundtable meeting of experts comprising 19 epileptologists from across India and overseas (JSD); a social scientist (RA); neuropsychologists (CS, US); and administrative (VM), legal (VS), and media (GT) experts was organized. The meeting included didactic talks by selected experts, a debate [to conceal (epilepsy) or not to (during marital negotiations)] and discussions on transcripts of conversations between PWE and their neurologists (GS, MMM, PSK) regarding marital plans or

experiences (paper submitted elsewhere), and focus group meetings (conducted by US). Recommendations drafted by GS and circulated prior to the meeting (via email) to all experts were discussed in order to arrive at a consensus.

## 3. Arranged marriages: global perspective and overview

Arranged marriages are rare in the postindustrialized Western nations and probably declining in many parts of the world (e.g., China) (Table 2) [13]. However, arranged marriages are common in South Asia and probably Far East Asia [10–12,14–16]. Over 95% of marriages in India, Pakistan and Bangladesh are arranged [10]. Besides, there exist large expatriate Asian communities in many Western nations, where arranged marriage is also the norm. The enormous scale of arranged marriages can be measured by the sizeable native, as well as emigrant, South Asian population.

The choice of the marital partner in arranged marriages is typically made by parents/elders. However, in recent times, although parents or the family initiate the process, the prospective brides and grooms are now consulted during the matchmaking. A population survey in India noted that 25% of parent-arranged marriages in a birth cohort from the 1970s took place with the consent of prospective partners [14]. Even so, 57% of those who got married through parent-arranged marriages to which they had consented and 86% of those who were married without their consent admitted meeting their partners for the first time on their wedding day. This feature of an arranged marriage allows little opportunity for the prospective bride and groom to discuss consequential past and future matters. Another feature involves the bride moving into an extended family of the groom with patriarchal authority (patrilocal residence, female exogamy).

### 3.1. Implications for PWE

Since epilepsy is a sensitive and profoundly stigmatizing issue, a certain degree of familiarity, which develops only over time, is required before disclosing it to the prospective spouse. The limited premarital contact between the couple is an impediment to disclosure of epilepsy. Besides, the patrilocal settlement in arranged marriages deprives the bride of her existing social and family support, which might be an important mechanism to cope with epilepsy.

### 3.2. Does epilepsy influence marital prospects?

Epilepsy limited marital prospects in PWE in the early nineteenth century prior to the eugenic legislation in the United States and European countries [1]. Only a few studies examined marriage prospects in PWE more recently and found an excess of never-married PWE in comparison with the general population [17–19]. Curiously, studies from Western countries documented lower marriage rates in men with epilepsy, particularly if seizures in them commenced before

**Table 1**

Categorization and geographic origin of literature search.

Subject areas	Geographic regions						Total
	Africa	Asia	South America	Western	Europe	America	
Impact of epilepsy	5 (14%)	15 (42%)	1 (3%)	14 (39%)	1 (3%)	–	36 (44%)
Knowledge-attitudes and practice studies	9 (32%)	13 (46%)	–	4 (14%)	2 (7%)	–	28 (35%)
Marital outcomes in PWE	1 (12%)	6 (75%)	1 (13%)	–	–	–	8 (10%)
Impact of epilepsy surgery on marriage	–	–	–	2 (40%)	1 (20%)	2 (40%)	5 (6%)
Impact of marriage on epilepsy	–	–	–	2 (50%)	–	2 (50%)	4 (5%)
Total	15 (19%)	34 (42%)	2 (3%)	22 (27%)	4 (5%)	4 (5%)	81

Note: Publications reviewed: 213; excluded: 132 (see text for breakup of exclusions).

Figures in parentheses represent percentages row-wise, i.e., according to geographic origin of the publication, while those in the last column are column-wise, i.e., according to subject area.

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