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RISK FACTORS FOR GENERAL HEALTH OF THE SPOUSES OF EPILEPTIC

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# ABSTRACT:

**OBJECTIVE**

The study aims at assessing the risk factors for general health of the spouses of epileptic patients.

# STUDY & DESIGN

Matched Group Design

# PLACE AND DURATION OF STUDY

Spouses of patients were selected from outdoor units of different hospitals and spouses of non­ patients were selected from non-hospital setting in Lahore. The data were collected during the year 2013.

# SUBJECTS AND METHODS

The study included spouses of 82 epileptic patients and 82 non-patients. The spouses in both groups were comparable in education, socioeconomic status and conjugal age. Age of the sample ranged between 22 and 40 year. General Health Questionnaire and Stockholm Marital stress scale wereadministered.

# RESULTS

Stepwise regression analysis revealed that S8% of variance in general health was accounted for by marital stress and education level of the spouses of epileptic patients

# CONCLUSION

High marital stress and lower education level are risk factors for general health of spouses of epileptic patients.

# KEYWORDS:

Epileptic, Spouses, Marital stress, General Health.

##### INTRODUCTION

Epilepsy is a Greek word meaning "to possess" In the Greek period it was treated as a supernatural phenomenon'. A seizure or convulsion occurs in epilepsy, which disturbs the brain functioning and resulting short term troubles in the sensor, mental, and motor systems. Epilepsy not only disrupts the patient's own life, but it is a stigma for people around and affects families and relationships'. The prevalence of epilepsy varies in different regions of south Asia'. In Pakistan it is estimated to be 9.99 per one thousand populations'.

Given that pilepsy is a chronic illness. Studies have shown that care givers (e.g., family members, friends, relatives, and spouse) play important role in helping to manage the chronic illness. Caregivingto patients withepilepsy (PWE) islifelong responsibility.

It is assumed that stressful situation gives riseto marital distress',and the acute life events affect the martial quality'. In married people having chronic disorders mostly affect the person's spouse's life. Studies illustrate that spouses of PWE have high risks of stress, anxiety and fear. Marital stress and general health problems like physical and mental health problemsare seen in the spouses of epileptic patients.

The marital problems have long been an issue in the couples, if one is epileptic'·', '· Marriages that involve people with epilepsy are more likely to fail", and higher divorce rates have been recorded for PWE'. Spouses are the primary caregivers of PWE 11 and Chen et al." found significant correlations in depression, social support satisfaction and marital adjustment among couples ifonespouse was suffering from epilepsy.

Chronic illness of the partner increases the marital stress and highly affects the general health of the spouse". Various researchers found that spouses of ill persons experience even greater levels of distress than their parents do".

Demographic variables also contribute to the psychological health and marital quality of spouses of patients with chronic illness (e.g., role of socio economic status) ". Cohen" proposed that the relationship between socioeconomic status and epilepsy related issues areculturally bounded.

Various studies in Pakistan have been carried out to assess the effects of epilepsy on patients but mental health and problems related to marital adjustment of spouses of patients with epilepsy is an ignored area. Present study was conducted to assess the marital stress and general health of the spouses of patients with epilepsy in comparison with the spouses of non-patients.The study hypothised that:there would be significant mean difference on marital stress and general health status of the spouses of epileptic patients and non-patients; there would be significant gender difference on the marital stress and general health status of the spouses of epileptic patients; and education level,

socioeconomic status, family system, and marital stress would significantly predict general health of the spouses of epileptic patients

## SUBJECTS AND METHOD

### Participants

The study included 82 spouses of epileptic patients and 82spouses of non-patients through purposive sampling technique. Sample of spouses of the epileptic patients was selected from psychiatric ward of Sir Gangaram Hospital, Lahore and Ahbab centre, Lahore. Eighty two spouses comparable in education, socioeconomic status and conjugal age of the non-patients were also included in the study. Age of the sample ranged between 22 and 40 year (Mean = 34.66, SD= 6.65). Average duration of their marriage was 7.22 year, and they belonged to diverse socio economic status. Inclusion criteria included that onepartner in the couple had a confirmed diagnosis of epilepsy, the spouses of the patients were above 18 years of age, had completed at least primary education, were able to read and write, and married for at least 2 year prior to the data collection. Exclusion criteria included the presence of any serious medical illness or a chronic psychiatric condition such as stroke, cancer, physical disability, significant intellectual disability, or schizophrenia in the spouse of epileptic patient that may affect stress and marital adjustment.

Spouses of non epileptics in the comparison group were recruited through convenient sampling technique from Lahore city.They were matched with the group of spouses of epileptic patients on gender, age,educational,and employment.

### Measures

##### Stockholm Marital stress scale (SMS)

Stockholm Marital Stress " was used to measure marital stress including quality of emotional and sexual relationship with the spouse. A higher score indicates higher marital stress (range: 0-14). Cronbach's alpha for the present study was.77.

##### General Health Questionnaire (GHQ-28)

GHQ-28 contains 28-items". The questionnaire is divided into four sublevels (somatic symptoms, anxiety and insomnia, social dysfunction and severe depression level). The higher score represents the poor general health of respondents. The internal consistency (alpha) ofGHQ-28 is .90 in the present study.

## PROCEDURE

After taking permission from the hospital administration and consent from the spouses of PWE, questionnaires were administered in a separate room assigned by the incharge of the unit. The non­ patient sample was conveniently selected and approached at their homes.The purpose of the study was explained to all the participants and the confidentiality of their provided information was assured.

## RESULTS

### Group Differences

##### Table I

Group Differences on General Health and Marital Stress of Spouses of Epileptic Patients and Non-patients (N= 164).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Variables | N | *M (SD)* |  | ?-Value |
| General Health  Spouses of Epileptic Patients  Spouses of Non-Patients | 82 | 44.44(9.77) | 15.67 | .000 |
| 82 | 16.41(4.42) |  |  |
| Marital Stress  Spouses of Epileptics Patients  Spouses of Non- Patients | 82 | I0.69(1.32) | 32.62 | .000 |
| 82 | 2.75(.65) |  |  |

Note.df= 162.

Table 1 shows that spouses of Epileptic patients scored significantly higher than the spouses of non-patients on general health t (162) = 15.67,p< .000;and marital stress t (162)= 32.62,p< .000.

### Stepwise Regression

##### Table2

Gender Differences on General Health and Marital Stress of Spouses of Epileptic Patients (N= 82).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Variables General Health  Male Spouses | **N**  40 | ***M*** *(SD)*  30.45(8.31) | 6.90 | **P-Value**  .000 |
| Female Spouses | 42 | 43.88(11.26) |  |  |
| Marital Stress |  |  |  |  |
| Male Spouses | 40 | 6.78(1.02) | 4.16 | .001 |
| Female Spouses | 42 | 10.85(1.51) |  |  |

Note. df= 80.

The results in Table 2 show that female spouses of epileptic patients scored significantly higher on general health t (80)= 6.90, p< .000, and marital stress t (80) = 4.16, p< .000.

##### Table3

Significant Multivariate Con-elates of General Health of Spouses of Epileptic Patients (N= 82).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Model | ***B*** |  |  | p-values |
| Marital Stress | .19 | .70 | 7.03\*\* | .000 |
| Education | -.81 | -.17 | 2.23\* | .028 |
| R2=.58 |  |  |  |  |

Note: \*\*P<.000, \*P< .05.

In stepwise regression analysis demographic variable (viz., age, education, SES, family system) and marital stress were usedto predict the general health of spouses of epileptic patients. The result shows that 58% variance in poor general health of the spouses of PWE was accounted for by highmarital stress and lower education.



#### DISCUSSION

Significant mean differences were illustrated in the general health and stress level of the two groups: Spouses of epileptic patients showed significantly poorer health and higher marital stress as compared with the spouses of non-patients (see Tablel). The evidence that spouses of epileptic patients report poor health and higher marital stress extends the findings from Western sample that the chronic illness affects the spouses' physical health and their marital life". Epilepsy is a chronic illness, so the problems severely affect the spouses as a primary care givers. People having long term physical illness like epilepsy, normally experience high level of burden in the areas of patient care, emotional distress and family relations, and these factors affect the spouses' physical and psychological functioning".Schulz (1995)20 claimed that the spouses as care givers of the patients have greater chance to develop depression because of their proximity and emotional dependence on the patients.

The result showed that there were significant gender differences between the spouses ofpatients on marital stress and general health. Female caregivers showed poor general health and higher marital stress than male care givers. Females are more sensitive towards the married partners' health and their married life suffers more as compared to male partners because they are usually emotional, and economically and socially dependent on their husbands. Gender differences may exist, due to the different personality traits of men and women because in general men having personality of resilient and resistant, and that's why men do not report stress and depression". The literature reports linkages between family care giving, and emotional and physical morbidity of care givers, especially women who are expected to shoulder most of the burden of care"·".Our results are not in line with the meta-analysis" on the gender differences in caregivers, which suggested that male and female caregivers presented more similarities than differences in depression.

Results of stepwise regression showed that higher marital stress appeared as the most significant predictor or risk factor for the general health of the spouses of PWE (see Table 3). The significant role of marital stress in the general health of spouses has been supported by Coyne, Ellard andSmith", that marital communication difficulties experienced by the spouses of chronically ill patient lead to depression and anxiety. Education appeared as a second significant predictor of the general health of spouses of PWE. The reason of significant role of education in this study might be that general education enhances the problem solving ability of a person, and well educated people better adhere to the advice of physicians, and psycho education related to the patient's disease and its management. Having knowledge about the disease and about the different preventive measures and therapies for the particular disease may be helpful for the spouse to well adjust with the situation.

Family system, SES, and age of the spouses of patients appeared as insignificant in the prediction of their general health. It was assumed that spouses who live in a joint family system receive more social support from other members at home, and will have better general health".but this was not the case in our study. The reason might be that spousal relationship is intimate; and ifone partner is ill,it disturbs his/her counterpart. The role of SES in the mental health is

controversial"· ". Literature has indicated that women of more mature age experience mild anxiety as compared to younger caregivers of chronic illness". Trismiati (as mentioned in Solikhah)" suggests that age enhances experience and knowledge. However reason of insignificant role of the age of spouses of patients in general health might be that the personality factors of spouses were not controlled in the study, which are significant predictors of stress tolerance and health status.

#### Limitations and Suggestions

Sample consisted of epileptic patients with chronic symptoms only, because of it, diverse comparison among spouses of patients from different types of epilepsy was not possible in the study.Comparative analysis should be run on different types of epilepsy if the phenomenon is studied in future. Study sample was also small due to inclusion criteria, and was taken from Lahore. Sample should be diversified and taken from other cities in future studies. Survey study does not give us in depth information of the phenomena under study, soqualitative study should bedone in future.

#### Implications

The study provides guideline to the spouses that they can improve their general health by managing and coping with the stress in their marital relationship due the illness of their counterparts. The study could help professionals to understand the need of psychological support to the care givers of chronic illness and development of counselling plan for them.

#### CONCLUSION

Female spouses feel more marital stress and have poor general health when their married partner is suffering from epilepsy. Higher marital stress and lower education level are risk factors for general health of the spouses of epileptic patients.

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