

Marriage and diabetes

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Abstract

This communication shares the challenges and concerns associated with marriage in persons living with diabetes. It classifies the challenges as psychosocial and biomedical, and lists counselling tips to tackle these. It dispels the various myths associated with marriage, and suggests proactive steps to improve societal attitudes and practices.

Keywords: Adolescent diabetes, Type 1 diabetes, Type 2 diabetes, Preconception care, Pregnancy, Psychosocial aspects of diabetes, Sexuality.

Introduction

Marriage is an institution which forms the bedrock of, and

feelings are amplified when they experience social ostracization from potential suitors (and their families). Such self-perception may create a 'marriage phobia'; which may further impair self-esteem.¹

Specific concerns, common to both persons living with diabetes, and potential suitors, relate to ability to consummate and maintain marital relations, risk of genital diseases, fear of sexual transmission of diabetes, ability to conceive, fear of ill-health during pregnancy, and risk to health of offspring. Families living with diabetes worry about acceptance in society after disease disclosure.²⁻⁴ Another challenge, not highlighted adequately, is with regards to financial planning for the long term management of diabetes after marriage,

Table: Concerns related to marriage.

Concern	Counselling
Fear of self disclosure	Self disclosure is mandatory
Fear of lack of "marrigability" or social ostracization	One needs only one life partner: trust in God
Fear of virility or inability to consummate marriage	Well controlled diabetes will not cause sexual dysfunction on both men and women
Fear of subfertility	Well controlled diabetes does not cause subfertility
Fear of complications in pregnancy	Well managed, well controlled pregnancy in a person with diabetes is uneventful
Fear of transmission of disease	Diabetes is not a sexually transmitted disease.
* To spouse	Diabetes is caused by multiple factors: the genetic component is minor
* To offspring	
Fear of financial implication	Financial prudence and management is advisable for all

is integral to, society. Marriage provides stability, purpose of life, and continuity to the human race. It is unacceptable, therefore, that myths and misconceptions are allowed to interfere with marriage. This article discusses the various psychosocial and biomedical concerns related with marriage in persons with diabetes, and offers pragmatic advice for the community at large.

Psychosocial Concerns

Adolescents and young adults with diabetes often feel that they are "sick", "abnormal", or "disabled". These

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including preconception care⁵ and high risk pregnancy management (Table-1).

Biomedical Concerns

Diabetes care is complex, and can be daunting, both for the person living with diabetes and her/his family. Contemplation of marriage or pregnancy adds to this complexity, and creates challenges which need to be addressed. Sexual counselling, perineal hygiene, contraceptive usage, preconception care and high-risk pregnancy management are required at various phases in married life.⁶

Gender Issues

Diabetes affects men and women equally. The female gender, however, bears more than its fair share of the

burden associated with diabetes.⁷ This is especially true in the context of marriage. Psychosocial factors, so obvious in the South Asian context, create confusion regarding self-disclosure in families that have daughters who live with diabetes. Biological considerations place the onus of preconception and post conception treatment on women with diabetes. Young men living with diabetes at the same time, are not immune from marriage-related concerns: concerns regarding sexuality, virility and fertility are common in them as well.⁸

Pragmatic Solutions

A concerted effort, involving multiple stakeholders, is required in order to allay and manage marriage-related health issues in diabetes. Diabetes care professionals should discuss relevant issues with young adults of marriageable age, and their families, in a neutral and nonjudgmental yet empathic and friendly manner. All possible concerns should be identified and managed. Self-disclosure must be encouraged; there is no justification for hiding a medical condition from a potential life partner.¹

Facilities for pre-marriage, post-marriage, preconception and pregnancy management should be provided by the health care system, preferably under one roof. Such services should be integrated into routine diabetes care.

Diabetes is said to be a disease of the family, and of society.⁸ Therefore, all society should be targeted for health education, aimed to dispel myths and conceptions about diabetes. Persons with well controlled diabetes can marry and procreate, without fear of spreading diabetes, contracting sexually transmitted disease, or developing untoward complications, provided their condition is managed appropriately. Such information, if shared by

religious leaders and leaders of civil society, has great impact. This is exemplified by best practices from Bangladesh, where Qazis have successfully helped propagate the message of timely care in gestational diabetes mellitus (GDM).

Yet another best practice, from South Asia, relates to matrimonial websites designed to serve persons living with diabetes. Some examples include www.diabeticmatrimony.com, www.jeevansathi.com, www.bandhan.com and www.atozvivah.com. These websites facilitate manner, allowing persons with self-disclosure of diabetes to find suitable matches.

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