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# Burden of care and its association with socio- demographic profile of caregivers of Schizophrenic patients.

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## ABSTRACT

*In the article, Burden of care and its association with socio- demographic profile of the Schizophrenic patients and their caregivers, Mrs.Savitha and Dr. Janet Parameshwar try to examine the extent of burden among the caregivers of schizophrenic patients. Family caregivers play a great role in taking care of the patients. It is said that the death of the loved one is a major stressful life event for the family members. But living with Schizophrenia person is more unnatural, untimely and stigmatizing stressful event which throws the family into crisis. In this study total 289 caregivers of schizophrenic patients were interviewed. It reveals that majority of them are facing a moderate level of burden who fall under the age group of 18-27 years. It also has been found that the caregivers who are having moderate level of burden are females especially mothers and wives and significant association is observed while comparing the burden and gender of the caregivers by getting P value of 0.011 which is significant. and many*

*of the caregivers who have done graduation and post graduation are facing mild level of burden whereas caregivers who are illiterates are facing moderate level of burden due to the illness of the patient. Education level of the caregivers usually would influence the burden of the caregiver to deal with stressful events. The findings from this study suggest that caregivers need social support and family intervention programmes to cope with the burden of caregiving and enhance better quality of life.*

## 1. INTRODUCTION

Schizophrenia, one of the major mental illnesses is present in 1% of the population across the globe. This is one of the most devastating diseases that affect mankind, because it strikes people during their most productive years. Both patients and families suffer from poor care and social ostracism because of wide spread ignorance about the disorder. Also, Schizophrenia is one of the

leading causes of disability across the globe( Murray CJL, Lopez AD 1996)

Schizophrenia is a mental illness that causes disordered thinking, delusions, and hallucinations. Nonetheless, it's possible for people with schizophrenia to live relatively normal lives. There are treatments available to help reduce the symptoms of schizophrenia, although coping with schizophrenia can be a lifelong struggle and there is no cure for the disease.

About 1 in 100 people have schizophrenia, according to the Centers for Disease Control and Prevention. Men typically start to show symptoms of schizophrenia in their late teens or early twenties. Women tend to show symptoms a bit later, usually in their late twenties or early thirties. Schizophrenia can occur at any age, but it's less commonly diagnosed for the first times in a person older than 40 or younger than 12. People with schizophrenia are at high risk for suicide. One in three people with schizophrenia will attempt to take their own life.

## Symptoms

Symptoms of schizophrenia can be put into two categories: positive symptoms and negative symptoms.

□ **Positive symptoms** usually occur in the initial phase of the illness. They tend to be the more extreme, and are termed 'positive' because they involve an 'excessive' experience, such as a psychotic or delusional episode. Positive symptoms can include:

- **Delusions:** personal beliefs that are false and based on incorrect inference about external reality; these beliefs are firmly held despite any evidence to the contrary.

- **Hallucinations:** when a person experiences or perceives things that don't exist. This may be via any of the senses: a hallucination might be seen, heard, smelt or felt.

- **Disturbances in the thought process:** these can include a chaotic stream of thoughts or a sudden loss of all thoughts.

□ **Negative symptoms** tend to be longer-term symptoms. They are termed 'negative' because they describe a loss of normal functions - that is, a 'subduing' of experience. Negative symptoms include:

- A lack of emotion and motivation
- Tiredness or a lack of energy
- Becoming withdrawn and isolated

- A loss of concentration
- A loss of interest in life
- Sleep deprivation

## Causes of Schizophrenia

Experts believe several factors can increase the risk of schizophrenia:

**Genetics:** Certain genes have been linked to an increased risk of schizophrenia, but no single gene appears to be responsible for the disease. Defects in those genes may increase the risk of schizophrenia by causing chemicals in the brain to malfunction.

About 1 in 10 people with a parent or sibling who has schizophrenia will develop the disease. The family link is strongest in identical twins. If one twin is diagnosed with schizophrenia, the other has a 50 percent chance of developing the disease.

**Brain chemicals:** Problems with certain chemicals in the brain may increase your risk of developing schizophrenia. These chemicals, called neurotransmitters, help brain cells in different parts of the brain communicate with each other.

**Uterine environment:** Researchers have linked exposure to certain viruses or malnutrition in the womb to schizophrenia.

**Drug use:** Some scientific studies suggest that taking mind-altering drugs, especially during the teenage years and early adulthood, can increase the risk of schizophrenia.

## Treatment

Schizophrenia requires lifelong treatment, even when symptoms have subsided. Treatment with medications and psychosocial therapy can help manage the condition. In some cases, hospitalization may be needed.

## Medications

Medications are the cornerstone of schizophrenia treatment, and antipsychotic medications are the most commonly prescribed drugs. They're thought to control symptoms by affecting the brain neurotransmitter dopamine.

The goal of treatment with antipsychotic medications is to effectively manage signs and symptoms at the lowest possible dose. The psychiatrist may try different drugs, different doses or combinations over time to achieve the desired result. Other medications also may help, such as antidepressants or anti-anxiety drugs. It

can take several weeks to notice an improvement in symptoms.

### **Psychosocial interventions**

Once psychosis recedes, in addition to continuing on medication, psychological and social (psychosocial) interventions are important. These may include:

**Individual therapy:** Psychotherapy may help to normalize thought patterns. Also, learning to cope with stress and identify early warning signs of relapse can help **people with schizophrenia manage their illness.**

**Social skills training;** This focuses on improving communication and social interactions and improving the ability to participate in daily activities.

**Family therapy:** This provides support and education to families dealing with schizophrenia.

**Vocational rehabilitation and supported employment:** This focuses on helping people with schizophrenia prepare for, find and keep jobs. Most individuals with schizophrenia require some form of daily living support. Many communities have programs to help people with schizophrenia with jobs, housing, self-help groups and crisis situations. A case

manager or someone on the treatment team can help find resources. With appropriate treatment, most people with schizophrenia can manage their illness.

### **Hospitalization**

During crisis periods or times of severe symptoms, hospitalization may be necessary to ensure safety, proper nutrition, adequate sleep and basic hygiene.

### **Electroconvulsive therapy**

For adults with schizophrenia who do not respond to drug therapy, electroconvulsive therapy (ECT) may be considered. ECT may be helpful for someone who also has depression.

Burden experienced by families who care for schizophrenia patients is one among the many challenges of this disorder. Burden of care is a complex construct, which includes not only the emotional, psychological, physical, economical impact but also, shame, embarrassment, feelings of guilt and self-blame. The burden may be objective ( taking care of daily tasks, etc) or subjective ( caregivers perception of burden; Award and Voruganti. 2008). Caregivers might experience time lost from work, unreimbursed medical and other patient- related expenses, limited time for leisure and socializing, elevated

symptoms of psychological distress, and feelings of stigmatization, quality of life, poorer self –related health, chronic medical conditions, increased visits to a primary care physician, greater use of psychotropic drugs, such as tranquilizers and antidepressants and increased risk of medical hospitalization ( Perlick et al 2006).

The issue of family burden assumes even more importance in the community context of our country because of the still existent traditional family structure where in the family forms an internal part of the caregiving system for persons with schizophrenia. In this context, Pai and Kapur( 1981) observes that the areas of burden in India may be entirely different. Award and Voruganti( 2008) also note the cultural variation in burden of care in their extensive review on this issue.

## **2. REVIEW OF LITERATURE**

Schizophrenia is a severe mental illness, which is stressful not only for the patients, but also for family members. Numerous studies have demonstrated that family caregivers of persons with severe mental illness suffer from significant stress, experience moderately high levels of burden and often receive inadequate assistance

from mental health professionals (Saunders, 2003). In the same respect, Seltzer et al., 1997 stated that-care for severely mentally ill individuals, particularly in the community, may carry a heavy burden, more so than care of other disabled individuals such as mentally retarded people. Such burden manifests in reduced caregiver well being (Jungbauer&Angermeyer, 2002). Hence caregiver burden, particularly that of closely involved family members such as parents, is important as an outcome measure in mental health care, so as to assess and reduce it for the well- being of both caregivers and mentally ill. Indeed, the measurement of caregiver burden has been shown to enhance worker and administrator awareness of the need to reduce such burden in the health care field in general (Guberman et al, 2003). Similarly, Gutierrez-Maldonado et al., 2005 and Bandeira et al., 2006 stated that deinstitutionalization of psychiatric patients has led to a greater emphasis on family management in the community and family members are often overwhelmed by the demands that caring for a patient with schizophrenia involves. Most studies of family burden in schizophrenia have taken place in developed countries. However, they examined family burden and its correlates in a regional area of a medium income country in South America and they found that the average levels

of burden were very high, particularly for mothers, carers with less education, carers of younger patients and carers of patients with more hospitalizations in the previous 3 years. Also, Shibre et al., 2003 postulated that, studies have consistently shown that both the subjective and objective dimensions of burden among family members of schizophrenia patients and other psychiatric disorders are prevalent. However, as most of these reports were from western societies, we lack information on the subject in developing countries.

Three large studies showed that about one fifth to one third of the family members reported consternations and distant relationships with the rest of the family group because of the mentally ill relative (Ostman&Kjellin, 2002; Shibre et al., 2001; Struening, Perlick, Link, Hellman, Herman, & Sirey, 2001). Magliano, Fiorillo, Malangone, Marasco, Guarneri and Maj (2003) stated that it is possible, when relatives have limited social sources, to develop more pessimistic attitudes towards certain topics such as opportunities, schizophrenia patients keeping their civil rights and reaching effective goals. This can generate a negative influence on patient expectations regarding their social possibilities. Scholars have also tried to explore the relation between burden of care among the caregivers of schizophrenic patients with their coping

strategies, personality type, quality of life (Disha Geriani, 2015, Asli Ozlu, Mustafa Yildiz, 2015, Chytanya D Ponangi, 2014). High level of burden among the caregivers of schizophrenic patients and the coping strategies used by them were self controlling, positive reappraisal and escape avoidance (Wageeh, Abdel 2011).

### 3. RESEARCH METHODOLOGY

**Objective of the study:** The present study is aimed to assess the burden level of burden in caregivers and its association with socio demographic profile of caregivers of Schizophrenic patients.

**Research Design:** The research design will be descriptive and exploratory where the investigator wants to explore and describe the burden faced by the caregivers of Schizophrenic patients.

**Sample procedure:** The researcher had resorted to the sampling, an investigation of the entire area of research is extremely difficult within the stipulated time. The sampling units consisted of caregivers of Schizophrenic patients.

For the purpose of sampling the researcher approached three psychiatric hospital, which is rendering service in the field of mental health.

**Study location:** The study was conducted at the psychiatric department of Manaswini Thunga Institute

of Psychiatry and Counseling, Indiana Hospital and KS hedge Hospital, Mangalore.

**Procedure:** Approval for the study was obtained through the hospital board committee and research administrative department of three hospitals. Patient with schizophrenia attended to the clinic by their caregivers were consecutively recruited to participate in the study, subject to their informed consent. Total 289 caregivers took participate in this study.

**Subjects:** The subjects of this study comprised 289 family caregivers of schizophrenic patient visited in out-patient department and admitted in psychiatric unit of these three hospitals.

**Tools:**The data was collected by using interview schedule specifically framed for the purpose of the study to know the socio demographic study of the caregivers of schizophrenia and Burden Assessment Schedule ( R. Thara et. Al., 1998) was also used.

**Inclusion criteria** for the caregivers included being a family members of patient, involvement of care of the pa-tient since more than 6 month and age above 18 years. Samples who had a chronic disease were excluded. The patient being cared for must have been diagnosed with schizophrenia for at least a year and should under treatment.

**Profile of Respondents**

Below the profile of respondents in terms of age, religion, education etc is presented. Age of the respondents is given in table 1. The table shows that majority (28.7%) of the caregivers are in the age group of 28-37years and their number reduces with advancing age.

**Table No : 1.1 Age Distribution of caregivers**

Age	Frequency	Percentage
18-27	19	6.6
28-37	83	28.7
38-47	69	23.9
48-57	74	25.6
=58	44	15.2
Total	289	100.0

Next the sex of the caregivers was examined. Majority(63.0%) caregivers are males whereas 37.0%caregivers are females. This could be because of cultural influence, where usually women do not prefer to stay in hospitals and hesitate to manage at the hospital and outside.and even with an unpredictable

behavior of the patient female caregivers are finding difficult to handle them.

In region, out of the total caregivers 199(68.95%) of them are Hindus, 29(10.0%) are Christians, 60(20.8%)of them are Muslims & 1 (.3%)of the person belongs to other category. Here majority i.e; 199(68.95%) of the caregivers are Hindus.

**.Table No 2: Educational Status of caregivers**

Education status	Frequency	Percentage
illiterate	36	12.5
Primary	82	28.4
High School	68	23.5
PUC	00	00
Graduate	28	9.7
Post Graduate	49	17.0
Others	26	9.0
Total	289	100.0

Educational Status of caregivers shows that majority of the caregivers are having primary level education(28.5%), 23.5% of them are have done high school, 12.5% illiterates in this study.

**Table No.3 : Occupation of caregivers**

Occupation	Frequency	Percentage
Professional	26	9.0
Semi professional	26	9.0
Clerical	106	36.7
Skilled	10	3.5
Semi skilled	17	5.9
Unskilled	63	21.8
Unemployed	41	14.2
Total	289	100.0

The above table shows that 26 (9.0%) belongs to professional category, 26(9.0 %) of them fall under semi- professional category, 106(36.7%) of them clerical, 10(3.5%) of them are skilled, 17(5.9%) of them semi- skilled, 63(21.8%) of them unskilled, 41(14.2%) of them are unemployed.

The income of the caregivers are presented in table 4. Majority (31.5%) of them are having 5000-10000 monthly income, 20.1% are having above 20,000.

**Table No 4: Income of caregivers**

Income	Frequency	Percentage
Less than 5000	42	14.5
5000-10000	91	31.5
10000-15000	48	16.6



15000-20000	50	17.3
Above 20000	58	20.1
Total	289	100.0

**Table no 5: Marital Status of caregivers**

Marital Status	Frequency	Percentage
Married	230	79.6
Unmarried	46	15.9
Separated	1	.3
Divorced	1	.3
Widowed	11	3.8
Total	289	100.0

Table 5 indicates the marital status of the caregivers. Here out of the total caregivers majority 230(79.6%) of them are married, 46 (15.9%) of them are unmarried, 1(.3%) of the caregiver is separated, 1 (.3%) of the caregiver is divorced and remaining 11(3.8%) of them are widowed. Here majority of them are married.

Next the type of the family of the respondents was examined. Majority (86.5%) of them belong to Nuclear family. which usually highlights the fact of changing family patterns from joint families to small families in India.

**Table no 6: Relationship with the diseased**

Relation	Frequency	Percentage
Father	30	10.4
Mother	56	19.4
Brother	38	13.1
Sister	14	4.8
Wife	50	17.3
Husband	68	23.5
In laws	1	.3
Others	32	11.1
Total	289	100.0

The above table indicates the caregiver's relationship with the diseased. Out of the total caregivers majority(23.5%) of them are husbands, and 50(17.3%) of them are wives of the patient.

## Results and Discussion

Care giving not only causes financial loss, but also requires energy and time consumption as they notice that the person has problems in understanding reality and thinking clearly, talks to them self or appears to be listening something else, has problems in communicating effectively, loses interest in their personal appearance and life, restless, irritable or tense

and anxious, avoids other people, is aggressive or violent and the violence is usually directed at family and tends to take place at home. As a result caregivers may feel burden and neglect the patient because of these, symptoms gets still worse.

Here an attempt was made to relate the burden of the caregiver with the socio demographic profile of the respondents.

**Table 7: Burden vs Age**

Burden	Age					Total
	18 -27	28- 37	38 - 47	48 -57	>=58	
Mild	5 26.3%	37 44.6%	33 47.8%	27 36.5%	17 38.6%	119 41.2%
Moderate	13 68.4%	35 42.2%	31 44.9%	43 58.1%	22 50.0%	144 49.8%
Severe	1 5.3%	11 13.3%	5 7.2%	4 5.4%	5 11.4%	26 9.0%
Total	19 100.0%	83 100.0%	69 100.0%	74 100.0%	44 100.0%	289 100.0%

**$\chi^2=9.640p=0.291$  ns**

Table 7 shows that majority(49.8%) of the caregivers facing moderate level of burden. When it is compared with the age of caregivers, majority of the caregivers of schizophrenic patients i.e; 68.4 percent are facing moderate level of burden who belongs to the age group of 18-27 years. Here most of the respondents take up the responsibility at an early age because of which their family life could be affected through the role changes and other related issues. And the caregivers who

belong to 28-37 and 38-47 years majority of them are facing mild burden i.e, 44.6 percent and 47.8 percent respectively. Moderate level of burden is facing among the caregivers who belong to 48-57 and 58 and above i.e, 58.1 percent and 50.0 percent.

The statistical association is found out using chi-square test between the burden faced by the respondents and the age group of respondents do not show any significant

association, which means the burden faced by the caregivers of schizophrenic patients are not

dependent on the age group of the caregivers. P value is 0.291.

**Table No 8: Burden vs Sex**

Burden	Sex		Total
	Male	Female	
Mild	87 47.8%	32 29.9%	119 41.2%
Moderate	80 44.0%	64 59.8%	144 49.8%
Severe	15 8.2%	11 10.3%	26 9.0%
Total	182 100.0%	107 100.0%	289 100.0%

$\chi^2=8.952$   $p=0.011$  sig

when it is compared with burden majority of the male caregivers are facing mild burden i.e, 47.8percent whereas 59.8percent are facing moderate level of burden who are females. The significant association is observed while comparing the burden and gender of the caregivers by getting P value of 0.011 which is significant.

A number of factors related to caregivers, patients, and illness determine the caregiver burden. These include characteristics of the

person with mental illness, characteristics of caregivers, and relationship between them, time spent by the caregiver with the patient and nature and severity of illness. The caregiver burden may be seen in all stages of illness. In general researcher found, it is because of the poor functioning of the patient due to symptoms , which leads moderate burden among the females as in general women are considered emotionally weak than males.

**Table No 9: Burden vs Religion**

Religion is the belief and worship of a God or Gods, or a set of beliefs concerning the origin and purpose of the universe. It is commonly regarded as consisting of a person’s relation to God or Gods or spirits.

Burden	Religion			Total
	Hindu	Christian	Muslim	
Mild	84 42.2%	14 48.3%	21 34.4%	119 41.2%
Moderate	99 49.7%	12 41.4%	33 54.1%	144 49.8%
Severe	16 8.0%	3 10.3%	7 11.5%	26 9.0%
Total	199 100.0%	29 100.0%	61 100.0%	289 100.0%

$\chi^2=2.398p=0.663$  ns

In religion majority of the caregivers are Hindus than other religion. The main reason to it could be our society consists of Hindu dominated population in Mangalore Thaluk. When it is compared with burden they are having moderate burden i.e; 49.7percent and 48.3percent are having mild burden who belongs to Christianity religion whereas moderate level of burden is found more among the Muslim religion than the other religion. In this study though the majority of the caregivers are males, female caregivers are facing a moderate burden as they don’t get any opportunity to go to their religious centre to worship as it has been a predominant factor in determining the human behavior and also help in reducing the burden which they are facing. The statistical association between these two

variables was also found insignificant by P Value 0.663 ns.

**Table no 10 : Burden vs Education**

Education plays a vital role to a productive, good life. It improves the value and excellence of one's life as well. Education motivates self-assurance and provides us with the things we need to partake in today's world. It makes us more independent and aware of what is going on in the world today, along with the awareness of opportunities and rights. It offers a greater understanding of one's capability and potential as well.

Burden	Educational status						Total
	illiterate	Primary	High School	Graduate	Post graduate	others	
Mild	8 22.2%	22 26.8%	30 44.1%	14 50.0%	29 59.2%	16 61.5%	119 41.2%
Moderate	25 69.4%	49 59.8%	31 45.6%	13 46.4%	17 34.7%	9 34.6%	144 49.8%
Severe	3 8.3%	11 13.4%	7 10.3%	1 3.6%	3 6.1%	1 3.8%	26 9.0%
Total	36 100.0%	82 100.0%	68 100.0%	28 100.0%	49 100.0%	26 100%	289 100%

$\chi^2=26.618$   $p=0.003$  hs

Table no 13 shows that the caregivers who are illiterates, have done primary and high school education they are facing moderate level of burden i.e,69.4 percent, 59.8 percent and 45.6 percent respectively whereas, the caregivers who have done their graduation, post-graduation and others are facing mild burden i.e,50.0 percent,59.2 percent61.5percent respectively. It clearly indicates that education level of the caregivers usually would influences the burden of the caregiver to deal with stressful events, which in turn would help them to have little knowledge on taking care of the patients with mental illness. The statistical

associations between these two variables were highly significant by P Value 0.003

Further, occupation was related to burden and the results are shown in table 11.The table shows that the majority 50.0 percent, 53.8percent of the caregivers are facing mild burden who fall under the category of professional & semi- professional and who fall under the category of clerical, semi-skilled, unskilled and unemployed they all facing moderate burden due to the care of the patients and it varies 47.1 percent to 60.0 percent.The association between these variables is insignificant, with P Value 0. 842.

**Table no 11 : Burden vs Occupation**

Burden	Occupational status								Total
	Professional	Semi-Professional	Clerical	Skilled	Semi-skilled	Unskilled	Unemployed		
Mild	13 50.0%	14 53.8%	45 42.5%	2 20.0%	7 41.2%	22 34.9%	16 39.0%	119 41.2%	
Moderate	11 42.3%	11 42.3%	53 50.0%	6 60.0%	8 47.1%	34 54.0%	21 51.2%	144 49.8%	
Severe	2 7.7%	1 3.8%	8 7.5%	2 20.0%	2 11.8%	7 11.1%	4 9.8%	26 9.0%	
Total	26 100.0%	26 100.0%	106 100.0%	10 100.0%	17 100.0%	63 100%	41 100%	289 100%	

$\chi^2=7.232p=0.842$  ns

**Table No 12 : Burden vs Marital status**

Burden	Marital Status					Total
	Married	Unmarried	Separated	Divorced	Widowed	
Mild	98 42.6%	17 37.0%	0 0.0%	0 0.0%	4 36.4%	119 41.2%
Moderate	108 47.0%	27 58.7%	1 100.0%	1 100.0%	7 63.6%	144 49.8%
Severe	24 10.4%	2 4.3%	0 0.0%	0 0.0%	0 0.0%	26 9.0%
Total	230 100.0%	46 100.0%	1 100.0%	1 100.0%	11 100.0%	289 100.0%

$\chi^2=6.540p=0.587$  ns

Table 12 shows that 100percent of the caregivers who are separated & divorced from their mates they are facing moderate level of burden and 42.6% of the caregivers who are married are facing mild burden due to the care of the patient as most of the caregivers are

husband of the patients and they are able manage them though the illness of the patient affects their routine life. Hence they don't feel much burden like others. The statistical association between these two variables was also found insignificant by P Value 0.587 ns

**Table No 13 : Burden vs Income**

Burden	Income					
	<5000	5000 - 10000	10000 - 15000	15000 - 20000	>20000	
Mild	10	33	12	25	39	119
	23.8%	36.3%	25.0%	50.0%	67.2%	41.2%
Moderate	24	45	33	24	18	144
	57.1%	49.5%	68.8%	48.0%	31.0%	49.8%
Severe	8	13	3	1	1	26
	19.0%	14.3%	6.2%	2.0%	1.7%	9.0%
Total	42	91	48	50	58	289
	100.0%	100.0%	100.0%	100.0%	100.0%	100%

$\chi^2=39.301$   $p<0.001$  vhs

The above table shows that 50% to 67.2 percent of the caregivers whose family income is 15,000 to 20,000 and above 20,000 are facing mild burden as high salary would decrease the financial problem related to providing care for ill family member. Whereas, the caregivers who are having <5,000 to 15,000 monthly income are facing moderate burden. Here it is very clear that, most of them having an employment

with low income are bound to face more financial distress. A lot of expenses are incurred in the hospitalization and for the medication of the patient. With the existing financial problem and the expenses for the patient's treatment the financial burden and distress tends to be little high which could lead to various other related problems. The caregiver's family income and burden faced by the caregivers are very highly significantly associated with P value 0.001.

**Table No 14 : Burden vs Family type**

Burden			Total
	Nuclear	Joint	
Mild	107	12	119
	42.8%	30.8%	41.2%
Moderate	117	27	144
	46.8%	69.2%	49.8%
Severe	26	0	26
	10.4%	0.0%	9.0%
Total	250	39	289
	100.0%	100.0%	100.0%

$\chi^2=8.649$   $p=0.013$  sig

When family type is compared with burden of the caregivers majority 69.2percent of them face moderate burden who belongs to joint family due to the care of the patient and 42.8 percent face mild burden who belong to Nuclear family.it indicates that the caregivers feel that their current financial position is not adequate to look after that patient as they cant go for work though there enough members due to the lack of bond patient is neglected by them

which creates burden on them.in addition to that they are finding difficult to fulfill the basic needs of all the members in a family due to the treatment expenses of the patient which creates burden on them The variables, the family type and burden shows significant association, which means the burden of the caregivers are dependent on the family type of the caregivers. P Value is 0.013.

**Table. No 15: Burden vs Relationship with the diseased.**

Burden	Relationship with the diseased								Total
	Father	Mother	Brother	Sister	Wife	Husband	In laws	Others	
Mild	26 52.0%	16 28.6%	21 55.3%	4 28.6%	11 36.7%	25 36.8%	0 0.0%	16 50.0%	119 41.2%
Moderate	21 42.0%	35 62.5%	17 44.7%	9 64.3%	13 43.3%	32 47.1%	1 100.0%	16 50.0%	144 49.8%
Severe	3 6.0%	5 8.9%	0 0.0%	1 7.1%	6 20.0%	11 16.2%	0 0.0%	0 0.0%	26 9.0%
Total	50 100.0%	56 100.0%	38 100.0%	14 100.0%	30 100.0%	68 100.0%	1 100%	32 100%	289 100%

$\chi^2=26.384$   $p=0.023$  sig

Table 18 shows that out of 289 , 14 of them are sisters of the schizophrenic patients. Though they are very few numbers compared to others they are facing moderate level of burden due to the care of the patients i.e, 64percent as most of them are pursuing their education and are very young where they are finding difficult to

manage their unpredictable behavior with them and others which creates burden in them.It is also noted that even the majority of the caregivers who mothers of the patient face moderate burden i.e,62 percent as they are more sensitive towards their behavior even they feel tough to handle the ill patient. The statistical



association is found out by using chi-square method on relationship of the caregiver with the

patient and burden of the caregivers and it is significantly associated with P Value 0.0.023

**Table. No 16: Burden vs Domicile**

Burden	place		Total
	Rural	Urban	
Mild	70 42.9%	49 38.9%	119 41.2%
Moderate	82 50.3%	62 49.2%	144 49.8%
Severe	11 6.7%	15 11.9%	26 9.0%
Total	163 100.0%	126 100.0%	289 100.0%

$\chi^2=2.401p=0.301$  ns

Above table shows that majority of the caregivers are facing moderate burden who belongs rural area (50.3%), Rural area which is more populated by people with less education, often suffer from shortages of primary care physicians and other health care providers and facilities due to these limitations for the medical consultations the caregivers have to take the relative ill patients to the urban where psychiatry hospitals are situated which leads burden on them. whereas, 49 percent belongs to urban area. The statistical associations between these two variables were found insignificant by P Value 0.301 ns..

## FINDINGS

- The study shows that 68.4 percent are facing moderate level of burden who belongs to the age group of 18-27 years.
- The study also shows that 59.8 percent are facing moderate level of burden who are females.
- 48.3 percent are having mild burden who belongs to Christianity religion whereas moderate level of burden is found more among the Muslim religion.
- The study also shows that the caregivers who are illiterates, have done primary and high school education they are facing moderate level of burden i.e, 69.4 percent, 59.8 percent and 45.6 percent respectively

- 100 percent of the caregivers who are separated & divorced from their mates they are facing moderate level of burden
- It clearly depicts that caregivers who are having <5,000 to 15,000 monthly income are facing moderate burden.
- The study shows that 69.2percent of them face moderate burden who belongs to joint family due to the care of the patient
- The study shows that majority of the caregivers are facing moderate burden who belongs rural area i.e, 50.3percent

## CONCLUSIONS

The conclusion is an important as any chapter in the research study. It is the conclusion, which makes the research study complete and worthwhile. In this study conclusions are drawn on the basis of the major findings.

Schizophrenia is a severe mental illness which is stressful not only for patients, but also for family members. Family members are the primary caregivers of persons with mental illness. In India, more than 90% of patients with chronic mental illness live with their families. The family caregiver plays multiple

roles in care of persons with mental illness, including taking day –to- day care, supervising medications, taking the patient to the hospital and looking after the financial needs. Thus, the family caregiver experiences considerable stress and burden. In this study, it is proved that the caregivers whether they are educated or uneducated, first they are going to the religious leaders and then with their reference they are approaching the psychiatrist or concerned appropriate treatment centres. So we can come to the conclusion that the family members and the society have wrong perception towards the mental illness. Many of the family members are not ready to tell that the diseased is his/her Brother or Sister. Because due to the wrong concept, superstitious beliefs, afraid of loosing dignity, loss of standard, lack of acceptance, guilt feeling and the feeling of what others will think on the family. It is observed that large number of family caregivers are not able to acknowledge the reality, which caused depression, anxiety and stress in the family. On the whole the incidence had affected physiological, psychological as well as social activities of the remaining members in the family. Majority of the families recreation affected fully due to the disease of the member in the family and it disturbs the entire equilibrium of the family. Even though the

disease of the family member had affected the family members, it varies from individual to individual depending on the relationship with the diseased. Hence they require a help, guidance, and better coping strategy to deal with the problem which would help to prevent the narrow breakdown of these affected sections.

## REFERENCES.

- [1] Ali,Navidian&Bahari ,Farshad. 2008.Burden experienced by Family Caregivers of Patients with Mental Disorders in *Pakistan Journal of Psychological Research*, Vol.23 Nos.1-2,9-28.
- [2] Asli,Ozlu, Mustafa Yildiz, Tamer,Aker.2015.Burden and Burden-related Features Caregivers of Schizophrenia Patients in *The Journal of Psychiatry and Neurological Sciences*,28:147-153.
- [3] Award,AG and Voruganti,LN. 2008.The burden of Schizophrenia on Caregivers: a Review. *Pharmacoeconomics*,26:149-62.
- [4] Burns, T, Patrick, D.2007.Social functioning as an outcome measure in schizophrenia studies. *ActaPsychiatrScand*, 116:403-418.
- [5] Chakrabarti,S, andRaju, L, Kulhara,P et al.1995. Comparison of the Extent and Pattern of Family Burden in Affective Disorders and Schizophrenia.*Indian journal psychiatry* 137:105-112.
- [6] Chytanya, D et al.2014.Caregiver Burden in Patients with Schizophrenia.*AP J Psychological Medicine* Vol. 15 (1).
- [7] Creado, DA, Parkar, S, and Kamath,RM.2006. A comparison of the level of functioning in Chronic Schizophrenia with Coping and Burden in caregivers. *Indian journal psychiatry* 2006;10:48- 50.
- [8] Disha,Geriani, Kochukarottil,and others.2015.Burden of care on caregivers of Schizophrenia Patients”.*Journal of clinical & diagnostic Research*.mar.vol-9(3):VC01-VC04.
- [9] Idstadet al.2010. Mental disorder and Caregiver Burden in Spouses: the Nord-Trøndelag health study.*BMC Public Health*. 10:516.Page 7 of 7
- [10] Kumar,S and Mohanty,S.2007.Sposal Burden of Care in Schizophrenia. *Journal of the Indian academy of applied psychology*.33.
- [11] George,Reena&Dr.Raju, S. 2015.Perceived Stress, Ways of Coping and Care Giving Burden among Family Caregivers of Patients with Schizophrenia.*Journal of Nursing and Health Science (IOSR-JNHS)* e-ISSN: 2320-1959,p- ISSN: 2320-1940 Volume 4, Issue 1 Ver.PP 09-11

www.iosrjournals.org DOI: 10.9790/1959-04130911 www.iosrjournals.org 9 | Page .

[12] Muharrem,Ak, and others.2012. Evaluation of Burden in a Group of Patients with Chronic Psychiatric Disorders and Their Caregivers.*The Journal of Psychiatry and Neurological Sciences*. Volume 25, Number 4, December;25:330-337 DOI: 10.5350/DAJPN2012250405.

[13] Sucharita,Narasipuram and Sivaprasad, kasimahanti.2012.Quality of life and Perception of Burden among caregivers of

persons with Mental Illness.*APJ Psychological Medicine* Vol. 13( 2) .

[14] Sanjibani,Panigrahi et al.2014. Quality of life in Caregivers of patients with Schizophrenia and its correlation with Severity of Illness. *The international journal of engineering and science( IJES )*, volume 3, issue 6, pages 55-60.

[15] Thara,R, and Padmavati, R, Kumar, S et al.1998. Burden Assessment Schedule, Instrument to assess burden on caregivers of chronic mentally ill.*Indian J Psychiatry*.40:21-29.

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