



Perceived Social Support and Burden in the Primary Caregivers of Male & Female Schizophrenic Patients: A Comparative study

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Schizophrenia is a disabling chronic, Psychiatric disorder that poses numerous challenges in its management and consequences, caregivers of schizophrenia always suffering some kinds of burden and stigma as well as socially isolation sometimes. Caring for family caregivers with schizophrenia is an enduring stressor and causes considerable amount of burden. The aim of the present study is to assess and compare the perceived social support and burden among the primary caregivers of male & female schizophrenics. The study was carried out in Ranchi Institute of Neuro Psychiatry & Allied sciences (RINPAS) Kanke Ranchi. Result show that there is no difference between the both groups. Present study represents the all the caregivers experienced moderate to high level of burden & satisfactory to poor level of social support.

Keywords: Social Support, Burden, Schizophrenia, Caregivers

Introduction

The term social support has been widely used to the mechanisms by which interpersonal relationship protect people from the deleterious effects of stress. The popularity of the term was triggered by a series of influential review papers in the mid-1970s the demonstrated a consistent relation between psychiatric disorders and such factors as marital status, geographic mobility and social isolation, although highly inferential in their arguments and not always clean about their definition of the concept, the papers generated a great deal of scientific interest in the possibility that social support can have health promoting effects.

Social support rise to this perspective which emphasizes the importance of an Individuals cognitive appraisal of supportiveness (Pierce et al 1990) that guide the individual's behavior in situation in which is needed. The early conceptualization of "burden of care" into two distinct components objective and subjective. Objective burden of care is meant to indicate its effects on the household such as taking care of daily tasks, whereas subjective burden indicates the psychological and emotional impact of mental illness on family members, including feelings of grief and worry. Family is an integral part of the care system for persons with a chronic mental illness. Caring for a spouse with schizophrenia is an enduring stressor and causes considerable amount of burden. A longitudinal study by Nuechterlein et al, (1987). Social and occupational impairment and absence of environmental protectors such as effective family members, supportive network including treatment facilities was found to have a direct relationship with its outcome. Yeh LL, et al (2008) reported that perceived needs of primary caregivers of patients with schizophrenia (sample 177 primary caregivers) were identified which included assistant patient care (77.6%), access to relevant information (66.1%), social support (68.2%) and burden release (27.2%). These needs were significantly related to number of admissions, duration of illness, relationship between caregiver and patient, and education level of the caregiver. Levels of family burden fifty-one per cent of caregivers experienced significant emotional distress. Higher patient's psychopathology, higher numbers of patient-rated needs, patients' lower global functioning and patients' poorer quality of life were found to be related to the severity of family burden. (Parabiaghi A, et al 2008). Margareta Ostman & Lars Hansoon (2001) reported that coping strategies as assessed by a projective coping instrument showed only a weak relationship to perceive family burden and participation care among 78 close relatives of voluntarily and compulsorily admitted psychiatric patients. The burden of family of patients with schizophrenia in Italy-

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black will munksgard (2002) objective (a) to explore burden related to care giving and support received from professionals and social network in relatives of patients with schizophrenia in Northern, central and southern Italy ,and (b) to test whether a higher level of family burden is associated with a lower level of professional and social network support . Chien WT, et al (2004) reported that social support directly or indirectly helps the caregivers to improve their burden level and enhance their family functioning as well. J .Caron (2005) also reported that importance of social support in mental health as well as the implications within the context of the intervention.

Materials and Methods

This study was conducted during the month of July 2008 to December 2008 at the Ranchi Institute of Neuro-Psychiatry & Allied Sciences (RINPAS), Kanke, Ranchi .The aim of the study was to asses Perceived social support and burden in the Primary Caregivers of male and femal schizophrenia patient. The study was conducted on schizophrenic patient's caregivers. The 60 subjects (30 males & 30 females cases of schizophrenia caregivers) ,fulfilling ICD- 10 criteria chosen on the basis of purposive sampling constituted the sample. Between the ages range of 18-60 years respectively. Who were selected from out patient unit of RINPAS, Kanke,Ranchi. Duration of living of caregivers with patient minimum 2 years continuous and education up to 8 standards.Only patients of out patient unit coming for follow up were included who had minimum two years duration of illness. After taking consent from caregivers socio-demographic and clinical data sheet ,Family Burden Interview Schedule and Social Support Questionnaire were administered consequently. The subjects were administrated :

Socio-demographic and Clinical Data sheet

The present data sheet was specially designed and developed for the index study mainly to collect the Socio-demographic and other relevant clinical information about the patient.

Social Support Questionnaire (SSQ)

The scale has developed by Nehra R., Kulhara P. and Verma S.K. (1995). This scale measures perceived social support i.e., social support perceived by the subject. It has total 18 items. The total score indicates the amount of perceived social support. Higher score indicates more perceived social support and less score indicates less social support. The reliability and validity has been seen Test – retest reliability after two weeks internal on 50 subjects was found to be 0.59**.Significant at 0.01 levels. Concurrent validity has been found to be significant at 0.01 levels.

Family Burden Interview Schedule (FBIS)

This is semi structured interview schedule comprising of 24 items grouped under six areas:-1. Financial burden 2. Disruption of routine family activities. 3. Disruption of family leisure 4. Disruption of family interaction 5. Affection on physical health of others. 6. Effect on mental health of others.

The burden was rated on a three point scale for each item and a standard question to assess the “subjective” burden was also included in the schedule. This scale has been developed in Indian set-up, keeping in mind the socio-economic and the cultural condition in India. The validity and reliability of the scale have been found to be satisfactory. The interrelated reliability for each item was reported to be more than 0.78 by the authors which indicates that the present schedule is reliable tool. Statistical analyses were carried out using the Mean, SD, Chi square test to find out the difference between males and females patients of schizophrenic caregivers on perceived social support and Family burden.

Results

The table -1 reveals socio-demographic details of the subjects. The mean age of male patients was 31.16 ± 8.75 years and that of female patients was 35.4±9.51 years.Nearly 50 % (15) of male patients and 63.33

Table – 1
Socio – demographic Characteristic of Patients

Variables		Male N=30	Female N=30
Age	Mean	31.16	35.4
	SD	8.75	9.51
Birth Order	1 st to 3 rd	08(26.66 %)	09(30 %)
	4 th & Above	22(73.33 %)	21(70 %)
Level of Marital status	Married	15(50 %)	19(63.33 %)
	Un Married	09(30 %)	05(16.66 %)
	Widow	00(00 %)	02(6.66 %)
	Separated	05(16.66 %)	04(13.33 %)
	Divorced	01(3.33 %)	00(00 %)
Educational level	Illiterate	07(23.33 %)	12(40 %)
	Non –Metric	14(46.66 %)	10(33.33 %)
	Up to 12 th	08(26.66 %)	08(26.66 %)
	Graduate & above	01(3.33 %)	00(00 %)
Occupational status	Employed	13(43.33 %)	1(3.33 %)
	Unemployed	17(56.66 %)	29(96.66 %)
Duration of illness (In Years)	Mean	5.7	6.8
	SD	3.21	4.75
Age of Onset	Mean	25.33	28.73
	SD	7.78	13.72
Number of Admission	1 st to 4 th	20(66.66 %)	15(50 %)
	No Admission	10(33.33 %)	15(50%)

% (19) female patients were married.30%(09) of male patients and on the other hand 16.66 %(05) of the female patients unmarried. Surprisingly none of the male patients were widow only 6.66% (2) female patients were widow. 16.66 % (5) male patients and 13.33 % (04) female patients were separated. It is none of the female patients were divorce only 33.33% (01) male patients divorced.Nearly 23.33% (07) of male patients and 40 %(12) female patients were illiterate.Half number of male patients were none-metric and on the other hand 33.33 %(10) of the female patients non metric. Half of the total patients were (male & females) educated up to plus two level. Surprisingly none of the female patients were graduate only (01) male patients were educated up to graduation or above level. It is notable that 43.33 % (13) of the male patient were employed, majority of the female patients 96.66 % were found unemployed .Duration of illness was 5.70 ± 3.21 and 6.8 ± 4.75 years for males and females respectively. Similarly age of onset of illness in male patients was 25.33 ± 7.78 years of age and for female case it was 28.73 ± 13.72 years. Majority of male patients i.e, 66.66 % (20) were found having significant past history of mental illness and were admitted in mental hospital, which ranged from one to four time. Nearly half i.e., 50 % (15) female patients were having no past history.

The table -2 shows the socio-demographic details of the key caregivers of male & female patients with schizophrenia. The mean ages o f the caregivers of male &female patients with schizophrenia were 42.06 ± 13.32 and 43.76 ± 13.28 years respectively.

Table – 2

Socio Demo-graphic Characteristic of Caregivers

Variables		Total number of caregivers = 60	
		Caregivers of male patients N=30	Caregivers of female patients N=30
Age	Mean	42.06	43.76
	SD	13.32	13.28
Relation with patients	Parents	13(43.33 %)	07(23.33 %)
	Siblings	12(40 %)	06(20 %)
	Children	03(10 %)	03(10 %)
	Spouses	02(6.66 %)	14(46.66 %)
Duration of stay (In years)	Mean	25.33	20.53
	SD	7.94	9.67
Sex	Male	23(76.66 %)	02(6.66 %)
	Female	07(23.33 %)	28(93.33 %)
Educational level	Non – metric	12(40 %)	14(46.66 %)
	Up to 12 th	09(30 %)	12(40 %)
	Graduate & above	09(30 %)	04(13.33 %)
Marital status	Married	21(70 %)	23(76.66 %)
	Un-married	06(20 %)	03(10 %)
	Widow	03(10 %)	04(13.33 %)
Occupational status	Service	10(33.33 %)	05(16.66 %)
	Un-employed	03(10 %)	02(6.66 %)
	Farmer	03(10 %)	08(26.66 %)
	Business	06(20 %)	07(23.34 %)
	Others	08(26.66 %)	08(26.66 %)
Family structure	Joint	22(73.33 %)	19(63.33 %)
	Nuclear	08(26.66 %)	11(36.66 %)
Socio-economic status	Lower	22(73.33 %)	20(66.66 %)
	Middle	05(16.66 %)	08(26.66 %)
	High	03(10 %)	02(6.66 %)
Domicile	Rural	21(70 %)	21 (70 %)
	Urban	05(16.66 %)	08(26.66 %)
	Semi-urban	04(13.33 %)	01(3.33 %)
Religion	Hindu	23(76.66 %)	21(70 %)
	Muslim	02(6.66 %)	05(16.66 %)
	Christian	05(16.66 %)	04(13.33 %)

Caregivers of male & female schizophrenia were staying with patients for 25.33 ± 7.94 and 20.53 ± 9.67 years respectively. Similarly caregivers of male and female schizophrenia were relation with the patients (43.33%) and siblings (40%) on the other hand caregivers of female patients were mostly spouses (46.66%) and patients (23.33%). Majority of caregivers of female patients (46.66%) were non metric

and only 13.33% caregivers were having graduation level of study, were as among caregivers of male patients majority of them 30% were educated up to graduation & above level only. A substantial number of caregivers are married (76.66%) and 70% caregivers of male patients, which simply suggested majority of caregivers are either parents or spouses. There were (33.33%) caregivers of male patients who were doing some kind of job and (26.66%) caregivers of female patients were found farming and others. The majority of caregivers of male patients (73.33%) were involved from the joint families. On the other hand (63.33%) of the caregivers of females patients represented joint families. Surprisingly apparently no difference was observed between caregivers of males & females patients with regards to domicile. Majority of caregivers of male & female patients i.e., 76.66% and 70% were belonging to Hindu religion and on the other hand i.e., 73.33% and 66.66% with regards to socio-economic status.

Table -3
Social Support of Caregivers

Category	Gender		X ² Value	Significant level d f =2
	Caregivers of Male patients N =30	Caregivers of female patients N =30		
Poor social support	08	11		
Satisfactory social support	21	18	0.68	N.S
Good social support	01	01		

The table-3 gives the description level of social support among the caregivers of schizophrenia patients. The table shows categorized on the three Points i.e. poor social support, satisfactory social support and good social support. Here result shows that more than half of the caregivers perceived satisfactory social support, on the other hand near about one third of the caregivers were found poor level of social support. Surprisingly equal number (only one) caregivers of male and female schizophrenia were found good level of social support. Majority of caregivers of Male patients were found satisfactory and poor level of social support. Importantly both the groups of caregivers showed satisfactory or poor level of social support. However, the statistical Analysis suggests no significant difference between both the groups in respect to social support.

The Table-4 shows the pattern of burden in the study groups. My result shows that all of the caregivers perceived severe level of burden in all the areas. Out of six areas, three areas were found i.e.; financial burden, disruption of family interaction and effect on mental health & others. Caregivers of male schizophrenia patients were comparatively facing high level of burden than the caregivers of female. However, the statistical Analysis (chi-square value) suggests no significant difference between both the groups in respect to areas of burden.

In comparison to 43.33 % (13) of the caregivers of male schizophrenia. Surprisingly in 10 % (03) of the caregivers of male schizophrenia, no burden was found. The majority 46.66 % (14) and 53.33% (16) of caregivers of male and female schizophrenia experienced moderate level of burden. Severe subjective burden in the two groups were 43.33 % in caregivers (13) in caregivers of male schizophrenia and 46.66 % (14) in caregivers of female schizophrenia respectively. The difference was statistically not significant. In this area only 10 % (03) in caregivers of male schizophrenia experienced no burden and all the caregivers experienced either moderate or severe burden.

Table -4
Family Burden of Male vs. Female Caregivers of Schizophrenia

Burden Area	Degree of burden	Gender		X ² value	Significant level d f=2
		Caregivers of male patients N=30	Caregivers of female patients N=30		
Financial Burden	Mild	03	00	5.71	N.S
	Moderate	06	11		
	Severe	21	19		
Disruption of family activities	Mild	04	04	0.38	N.S
	Moderate	08	06		
	Severe	18	20		
Disruption of family leisure	Mild	03	04	0.40	N.S
	Moderate	09	07		
	Severe	18	19		
Disruption of family interaction	Mild	03	05	0.58	N.S
	Moderate	08	07		
	Severe	19	18		
Effect on physical health & others	Mild	05	07	0.56	N.S
	Moderate	09	17		
	Severe	16	16		
Effect on mental health & others	Mild	03	02	0.96	N.S
	Moderate	05	08		
	Severe	22	20		

Table -5
Comparison of Subjective Burden in Caregivers of Male & Female Schizophrenia:-

Category		Male N = 30	Female N = 30	X ² value	Significant level
Subjective burden	No burden	03(10 %)	00(00 %)	3.1	N.S.
	Moderate burden	14(46.66 %)	16(53.33 %)		
	Sever burden	13(43.33 %)	14(46.66 %)		
Total		30	30		

Discussion

The result of the present study (table-4) shows that most of the caregivers perceived severe level of burden in all the areas. I.e;financial, disruption of routine, family activities, disruption of family leisure, disruption of family interaction, effect on physical health & others, effect on mental health & others. Moderate level burden was found in Subjective burden (Table-4) .Maximum (severe) burden was experienced in the area of finance and effect on mental health & others. It is a fact that the schizophrenia has a chronic illness and requires long term treatment with severe loss of insight would significantly increase the extent of burden (Giel et al 1983). The life time emotional, social and financial consequences experienced by the individual

with schizophrenia have significant effect in their families. Chakrabarty et al (1995) also reported that more burdens in the relatives of schizophrenia was significantly found.

This results show that most of the caregivers both groups experienced severe level of burden. In caregivers of male schizophrenia were comparatively facing high level of burden than the caregivers of female schizophrenia, in the area of financial burden (Mors et al 1992, Kumari M, 2002, Jungbauer J, et al 2002, Ohaeri J. U. 2001). Financial burden was primarily direct outcome of loss of patient's income and secondarily due to expenses of treatment. Disruption of family interaction was another significant of burden. Due to chronic illness and their symptoms family members always remained tense and irritable and with social stigma and had frequent misunderstanding among themselves about caring of the patients. Gradually more effect on mental health on caring members. Previous studies have reported that findings was high level of mental stress on caregivers (Mors et al 1992, Taj et al 2005, Lee Tc et al 2006, Y. Shu et al, 2008).

The findings of the present study clearly suggest that burden of different level is experienced by the spouses of the patients of schizophrenia in specific of gender. Of course various variables has not been directly correlated to the degree of burden. Hence, these issues need to be explored for more information. Creado et al (2006) was also found that better coping mechanisms such as problem solving can decrease the burden of illness on caregivers and may even improve level of functioning of patients. Y. Shung et al (2008) findings suggest that moderate level of burden, among the five dimensions of burden. Findings of the present study are also suggested that 45% of primary caregivers reported high level of burden. Madianos M, et al (2004).

Palli et al (2004 & Anthony Sefasi et al 2007) suggest that high levels of burden & Psychological impairment (High GHQ scores) was related with high levels of burden & negative family atmosphere. Roy et al (2008) found that the extent of both objective and subjective burden was significantly more in relatives of schizophrenia group compared with the bipolar affective disorder group. The burden was principally felt in the areas of family leisure, family interaction, and financial burden, and effect on physical health. Caregiver of schizophrenia patients also felt more stigma than caregivers of BAD patients.

N. Ritu et al (1995) also found that high levels of patient dysfunction and caregiver burden low awareness of illness and low perceived control, with no significant differences between the two groups (affective disorders & schizophrenia). Coping patterns were also quite alike, though caregivers of patients with schizophrenia were using some emotion focused strategies significantly more often. Caregivers' gender, patient dysfunction and caregiver's neuroticism had a significant influence on coping patterns.

Sreeja et al (2009) similar findings reported that caregivers of patients having schizophrenia experience significant amount of burden and there was no significant difference in burden between the male & female caregivers.

The findings of the present study indicated significant effects of gender and family type on spousal burden (Kumar S et al 2007). The Similar conclusion has also been arrived in context to the perceived social support of caregivers of male and female schizophrenic patients was examined and statistical analysis revealed that caregivers of male & female schizophrenics were having not significantly difference was found in respect to the perceived social support however, majority of findings satisfactory & poor level of social support. Findings of the present study are similar to that reported earlier by various researcher (Norbeck JS et al 1991, Lee TC et al 2006). The total social support score of caregivers of schizophrenic patients was high. The part of social support which showed highest score was the assistance and guidance part and the high prevalent social support resources of caregivers were health professionals, parents and monks or priests respectively. (Sirinapa Nuntapong 2008).

Similarly different studies have been conducted to assess the mental health problems among caregivers of schizophrenic patients previously. They also reported significant mental health problems in caregivers for example – Depression (Taj R et al 2005, M. Sandy et al 2007). Anxiety (Kalra H et al 2008, Y. Shung et al 2008).

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