



DILEMMA OF FEMALE FAMILY CAREGIVERS IN CARING PATIENTS WITH SCHIZOPHRENIA

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ABSTRACT

Introduction: According to world Health Organization, Mental health is considered as one of the vital dimensions in a person's life. Equilibrium in all dimensions is essential for considering oneself healthy. Dysfunction in anyone those lead in a state of sickness. Where there is a breakdown in mental functioning in person's cognizance, the person suffers from any form of mental illness. Mental illness may bring bunch of problems for patient and his family. The consequences are in such a form wherein not only patient but his family members have to confront many problems & dilemmas more than a patient. This affects their quality of life. The condition of ill person is bad but it marks worst when that come to family. **Purpose:** The aim of the study was to examine the psychological & social problems of the female family caregivers of patient with schizophrenia. **Method:** The study included 40 female family caregivers of patients with schizophrenia. In depth interviews were utilized for gathering data from the female family caregivers of patients with schizophrenia. Purposive sampling method was used for the study. Burden Assessment Schedule (BAS) of Thara et al. (1988) was referred for preparing tool. **Result:** Poor social support, financial constraints, anxiety, lack of acceptance of patient in society were emerging problems faced by the family caregivers. **Conclusion:** Care of the patient with any mental illness has an advantage to be cared by the love one. Yet, there are more disadvantages where the family caregivers and his family have to pay for it. Though the illness has affected the patient only but the family has to be victim for familiar deterioration.

KEYWORDS : Family caregivers, mental illness, schizophrenia

INTRODUCTION:

The high source of pure & pious concern is a family. When a person thinks on family, he/she visualize a loving dad, a papering mom, a caring sister & a concerned brother. All these characters bring a smile on anyone's face in crucial, happy, stressed, anxious, glorious & many more mixed states of life. The destination of care & concern is a family. A life is full of tension & stress when we are on the way to our professional or personal cadre, but peace of family gives us the courage to overcome from that by enjoying our personal existence. Where there is no breakdown in any mean in family, the life goes smoothly, but when any dilemma accidentally enters in family, the ups & downs are the host. Any member of family with any mental illness is a breakdown in family. It is a speed breaker or a diversion in the happiness of the family.

Is mentally illness in family that much disturbing? What is this mental illness? When we talk on mental illness, the term, mental health needs to be understood. The both terms are interconnected but different form each other. In simple words, mental health means absence of symptoms of abnormality & mental illness means the presence of symptoms of abnormality. It further means that when the person is able to cope up with the challenges & able to deal with daily life is under the court of mentally healthy & the person who is poor in this or not able to cope up is mentally ill. There are some features of mentally ill & mentally healthy person, let us have a look on it for more clarification & understanding.

Mental Health & Mental Illness:

World Health Organization (WHO) defines mental health as 'a state of well-being in which the individual understands his or her own abilities, can cope with the normal stresses of life, wherein one can work productively and fruitfully, and is able to contribute to his or her community'.¹

Mental health is the aptitude of an individual, the group and the milieu to interact with one another in ways that promote subjective well-being, the optimal development and use of mental aptitudes (cognitive (thought), affective (emotions) and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality.

A mental syndrome or mental illness is any change in an individual's approach of thinking and feeling that impedes their ability to perform their daily activities, cognitive, emotions or behaviour. Several forms of mental disorders are there, which are classified and detailed in the subsequent lines.

Prevalence of Mental illness in India:

According to World Health Organization, (2015) one in five Indian

may suffer from depression in their lifetime. Stigma associated with mental illness, a lack of awareness & limited access to professional help, only 10-12 % of these will seek help. According to Mental Health America (MHA) following are the symptoms of mentally healthy person.²

- Bizarre thoughts & confused thought processing
- Chronic depression (More than 14 days)
- State of being happy & sad (Mood swings)
- Over worried & fearful
- Socially isolated behaviour & Lack of interest or over interest in eating and sleeping
- Aggressiveness
- Problems in routine tasks
- Suicidal tendencies

In contrast to the above stated lines, following are some of the signs of a mentally healthy person:

- High tolerance power & not short tempered
- Capacity to balance dilemmas by being patience
- Vitality- free from negative feelings
- Self-control, self-respect, sufficient self-esteem & self confidence
- Presence of feeling like love, care, affection, concern, gratitude, etc.
- Internal peace and harmony³

Significance of the study:

Approximately 26,810,557 people are suffering from any disability in India, out of which 7,22,826 people are suffering from any form of mental illnesses. So, the statistics shows that around 2.69% of total population is affected with mental disorder. (Disability Census, 2011) The present study is an attempt to portray the problems of the family caregivers of patient with schizophrenia. It was shared by the family caregiver that the person with mental illness vanish the whole family. Anyone can be the victim of any illness, but a person with mental illness brings the galaxy of problems instead of an atom in a familiar life.

Since the inception of Indian culture & tradition it is assumed that the male has to be a bread winner & a female has to be a home maker for the family. In this regard, the ill or sick were also taken care by the females in most of the cases. Meanwhile the caregiving or caretaking tasks of females are not properly considered. But, though she is not earning she has to bare the actual cost. The study signifies the role of females (mother/wife/daughter) as family caregivers play vital role in familiar functioning. The study was carried out to encounter the dilemma of females as family caregivers in caring their family member with schizophrenia.

Schizophrenia is considered as a chronic mental illness where the person is meeting with the disturbances of mood, volition, cognition,

emotion, etc. it is a psychotic disorder which cannot be treated fully & more prone to relapses. Caring a family member with such illness is not everyone's cup of tea.⁴

Research Methodology:

The study was in the Out-Patient Department of the government hospital for mental health of Vadodara, Gujarat. The aim of the research was to study the psychological problems of the female family caregivers of the patient with schizophrenia.

Procedure & Sample:

An approval was taken from the mental health cell, Government of Gujarat. A self-structured interview schedule was prepared by referring the Burden Assessment Scale- BAS developed by Thara et al. (1988) & the Zarit Burden Interview (1980) on a five-point Likert Scale. 40 female family caregivers were interviewed from the government hospital for mental health of Vadodara, Gujarat.⁵

Inclusion & Exclusion criteria of the study:

The inclusion criteria for the study were:

- a) Female family caregivers of the patient with schizophrenia diagnosed by ICD-10,
- b) Family caregivers with minimum one year of caregiving, and
- c) Patients of only out-patient department (OPD).

The exclusion criteria were:

- a) The male family caregivers of patients with schizophrenia
- b) Family caregiver with less than one year of caregiving experience,
- c) The indoor (IPD) patients with schizophrenia and
- d) Person with any mental illness except schizophrenia.⁶

Results/Findings:

40 Female family caregivers were included in the study. The psychological parameter was examined during the study. The findings of the study roam around the psychological and social life of the family caregivers of the patients with schizophrenia. The information was collected through personal interviews with the family caregivers. The participants were females and majority of them were the wives of the patients (n=17, 43%). Many of the participants (family caregivers) were taking care of the patients for more than 8 years (n=22, 55%). As far as age of the participants is concerned, almost all of them were middle aged women.

The demographic profile of the participants is displayed in a below table:

Table: 1 Demographic profile of the family caregivers:		
Particulars		N (%)
Religion	<ul style="list-style-type: none"> • Hindu • Muslim 	30 (75) 10 (25)
Relation of family caregiver with care receiver	<ul style="list-style-type: none"> • Mother • Daughter • Wife 	14 (35) 09 (22.5) 17 (42.5)
Education	<ul style="list-style-type: none"> • Illiterate • Primary education • Till higher Secondary • Graduation • Post-Graduation 	20 (50) 09 (22.5) 06 (15) 04 (10) 01 (2.5)
Age (years)	<ul style="list-style-type: none"> 18-40 41-60 60 & above 	07 (17.5) 27 (67.5) 06 (15)

The family caregivers were asked to expand their caregiving experience. In the above table the demographic data of the participants are mentioned apparently. As far as the occupational status of the respondents is concerned, all the respondents (40, 100%) were home makers. It was assumed by the researcher that as the females were engaged in caring role, they were not able to cope up with remunerative task & as a result, they remain unemployed or dependent. The genesis of the women's status in India says that they are specifically assigned the household chaos by being in the four walls of the house, instead going out for employment.

The family caregivers expressed about their social life that when the patient is taken to any function or social gathering they feel ashamed of them (23, 58%), people are not accepting the patient and family too. As far as stability in the familiar relationship is concerned, in case of family caregiver as mother she is not able to justify her role as wife in caring the patient and vice versa. The case of receiving appreciation or admiration from family is concerned, 13 (33%) & 22 (55%)

respondents respectively strongly agree & disagree that they do get appreciation from family for caring the patient with schizophrenia.

As far as the psychological problems of the family caregivers are concerned, mainly they feel loneliness or feeling isolated (19, 48%). 21 (53%) respondents strongly agreed that they do feel mental stress in caring the patient. "I wish I could run away from the caregiving responsibility"- this statement was strongly agreed by 33 (83%) respondents.

CONCLUSION:

We are sustaining in a 21st century, where we have a nuclear family system, a live-in relation concept, childless parenting, stand of women in all spheres, etc. The opening lines of the concluding lines drag our attention that we are in an empowered sate. Don't we? The answer is controversial. If yes, they why women & men do not move simultaneously? The studies of several researchers in the field of family caregiving for patient with any mental illness have found the major number of females as family caregivers & not males. The reason can be historical where the women were considered as home maker & a male as a bread winner. In spite of the freedom in many spheres, still women are framed in that mind-set.⁷

The present study revealed some ironic facts about the caregiving experiences of the female family caregivers. Several factors are responsible for the deterioration of the family caregivers. Few of them are discussed above.

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