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## A STUDY ON BURDEN AND COPING AMONG CAREGIVERS OF SCHIZOPHRENIA

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### ABSTRACT:

**S**chizophrenia is a strict mental disorder affecting about human population. Being chronic and often incapacitating, it extracts tremendous cost from patients, caregivers and society. Caregivers of patients with schizophrenia face stress and emotional hardship and are frequently forced to assume lifelong care-taking roles. Subjective burden refers to the caregivers' short term and long term reactions to the patient's symptoms and behaviors, and the care giving task resulting from it. Perceived distress and interpersonal strain are examples. It refers to the extent to which the care giver feels he or she is burdened. This study aims to conducted for analysis the burden and coping among caregivers of schizophrenia. This study conducted with 30 Schizophrenic patients and 30 primary caretakers of the patients, totally 60 samples were studied. The result shows that there is association between burden assessment schedules of caregiver with that of caregivers coping scale. It revealed statistical



significance. Low coping score seen in caregiver who had high burden score. Lower burden score seen in caregivers who had high coping level.

**KEYWORDS:** Burden, Coping, Care givers, Schizophrenia .

### INTRODUCTION:

Mental Illness is defined as "Collectively all diagnosable mental disorders" or health conditions that are characterized by alterations in thinking, mood or behavior associated with distress and impaired functioning as recognized by the diagnostic and statistical manual,(DSM-N) Schizophrenia is a severe form of mental illness that affects about 7 per 1000 of the adult population. WHO (2010) estimated that globally about 20 million people have schizophrenia.

The WHO definition of caregiver burden states that it is the emotional, physical and financial demands and responsibilities of an individuals illness that are placed on the family members, friends or other individuals

involved with the individual outside the health care system. Objective burden refers to care giving tasks that are the direct consequence of the patient's symptoms, such as effect on the care giver's own health, social and occupational functioning and leisure time. It refers to those activities a caregiver has to do, or is prevented from doing, as a result of the care giving role.

Subjective burden refers to the caregivers' short term and long term reactions to the patient's symptoms and behaviors, and the care giving task resulting from it. Perceived distress and interpersonal strain are examples. It refers to the extent to which the care giver feels he or she is burdened. The short term reactions can lead to more enduring consequences in terms of impact on overall well being, satisfaction with life, physical and mental health and social activities of the care giver. Platt, 1955, in a comprehensive definition of burden, describes it as "the presence of problems, difficulties or adverse events, which affect the lives of psychiatric patient's significant other, i.e., members of the household or family.

Providing care to family members dealing with individuals with schizophrenia results in a feeling of burden or strain for care givers that can diminish their quality of life. Family care givers of people with schizophrenia suffer from significant stress, experience high levels of burden, do not receive adequate assistance from mental health professionals, with burden being a complex entity affecting several areas such as activities in daily life, worry and social strain.

### POSITIVE ASPECTS OF CARE

The term 'Carer burden' is usually perceived to be unduly negative, it is very important to recognize that there are both rewards and difficulties associated with the care giving experience. A sense of satisfaction may be derived by the carers from knowing that they are able to help and improve the quality of life of a loved one carers may also report benefits from feeling of gratification, love and pride.

Studied on burden in care givers have been carried out since the 1950's. Numerous studies have explored the existence of burden among primary care givers and family members of patients with schizophrenia.

Burden experienced by care givers can be classified as objective or subjective while objective burden is predominately related to close contact between schizophrenics and their care givers, subjective burden is determined by many factors including resilience, different coping mechanisms used by the carers, the strength of relationships prior to the onset of illness, the level of support from social networks and availability of, and access of formal services. In India, mostly mental health problem remains unnoticed and ignored. The prevalence rate of schizophrenia as reported in India range from 0.7-5.5/1000.

Recent work at the University of California, coping project found that while caregivers do experience distress and depression, they also experience positive feelings. Family members often benefit from education about the illness, its treatment and family counseling that provides emotional support and practical advice on how to manage the stress of care giving.

On this background the present study attempts to explore the relationship between the patient's Functioning level and, caregiver's burden level burden level and their coping levels significance has been studied.

Wagee Abdel-Nasser Hassan, Ikram Ibraheem et al., 2011 studied the "Burden and coping strategies in caregivers of schizophrenic patients".

The result revealed that level of burden reported by caregivers of schizophrenic patients was high. The most using coping - strategies were self-controlling, positive reappraisal and escape avoidance. Burden was negatively and non-significantly correlated with confrontive coping, distancing, seeking social support and positive reappraisal coping strategies. However, it was positively and non-significantly correlated with self controlling, accepting responsibility, escape-avoidance and painful problem solving. Socio-demographic variables were not associated significantly with burden and coping strategies.

Wahida Anjum et al., 2011 Studied the Burden of care in caregivers of patients with schizophrenia and epilepsy. The study reported that overall 55% of caregivers had poor psychological well being and problems with their mental health. There was highly significant association between BAS, GHQ and all their subscales i.e., objective burden, subjective burden, somatic symptoms, anxiety and insomnia.

## METHODOLOGY

### Aims and Objectives

- o To assess the level of functioning in patients with chronic schizophrenia
- o To study the burden and coping levels in caregivers of schizophrenic patients
- o To identify the relationship between level of functioning in patients the coping styles used by caregivers and their perceived burden of illness
- o This study was conducted at the in patient ward at ATHMA psychiatry hospital Trichy. The approval for the study was obtained from the hospital Director.

### Research Design

A Descriptive, Instrument rated and cross section study.

### Sample selection

30 patients who diagnosed as having chronic schizophrenia as per the DSM Criteria and their primary caregivers (30).

### Inclusion Criteria

A random selection was made if the following inclusion criteria were satisfied.

#### For Patients

- o 18 years old.
- o Diagnosis of chronic schizophrenia as per the DSM Criteria.
- o On regular follow – up for the past 2 years and on medication.

#### For Caregivers

- o More than 18 years old.
- o The primary caregiver was identified as an adult retained either parent or spouse living with the patient, in the same environment, for at least 2 years and was involved directly in giving care to the patient and most supportive either emotionally or financially i.e., felt most responsible for the patient.
- o Got consent from caretaker and patient in this study.
- o Patient with an exacerbation of symptom in the past 6 months or any documented psychiatric co-morbidity as per the DSM Criteria, nicotine and alcohol dependence, were excluded.

### Sample Size

30 Schizophrenic patients and 30 primary caretakers of the patients, totally 60 samples were studied.

### Data Collection

After got the consent from patients and caretakers, the data were recorded and further aspects were studied as described below.

### Tools

These consisted of a semi structured interview covering the socio demographic profile includes details like age, gender, education, occupation, economic states, family type, Duration of illness and Duration of caretaking. The details of patients functioning as and illness as defined by the DSM criteria for schizophrenia and three scales were used. They are

- o Global assessment of functioning (GAF) scale
- o Borden Assessment schedule (BAS)
- o Ways of coping questionnaire

### The Global Assessment of Functioning GAF scale

It is a measure of rating the over psychological social and occupational functioning of the patient, included in DSM Criteria. It is a modified version of the Global Assessment scale: A Procedure for measuring overall severity of psychiatric disturbances developed by Endicott of al in 1976. The scale has 10 ranges of functioning where each range has two components covering symptom severity and patient functioning. It excludes impairment due to physical or environment limitations.

### Burden Assessment Schedule (BAS)

It was developed by there et at., the schizophrenia Research foundation (SCARF) is based on the principal of stepwise ethno - graphic exploration described by sell and Nagpal in 1992 while studying affected families in an effort to gauge the 'meaning' person. This is a semi quantitative, 40-item scale measuring 9 different areas of objective and subjective caregiver burden each item is on a 3-point scale. scores range from 40 to 120 with high scores indicating grater burden.

### Ways Of Coping Questionnaire (WOC)

It was used to assess caregivers coping levels. It was developed by Lazarus and Flokman, 1986. It consists at 66 items. There scale measuring various areas includes confronter coping, distancing, self controlling, seeking social support, accept responsibility, escape avoidance, problem solving and portiere reappraisal. The subjects responds on a 4-point Likert scale (0=does not apply and 3=used a dread deal).

### Statistical Analysis

#### The following statistical measures were used.

- o Descriptive measures included: Percentage, arithmetic mean and standard deviation
- o Statistical tests included: Independent T-test, used to compare two independent means one way analysis of variance (ANOVA) test used to compare means of more than two groups. The level of significance selected for this study p' value of <0.05 was taken.

**Table – 1 : Distribution of socio-demographic data of schizophrenia patients**

Variables	No. of respondents (n=30)	Percentage (100%)
<b>Gender</b>		
Male	18	60.0
Female	12	40.0
<b>Age</b>		
Below 25yrs	3	10.0
26 to 30yrs	2	6.7
31 to 35yrs	4	13.3
36 to 40yrs	8	26.7
41 to 50yrs	5	16.7
51 to 60yrs	2	6.7
Above 60yrs	6	20.0
<b>Domicile</b>		
Rural	15	50.0
Urban	15	50.0
<b>Education</b>		
Schooling	6	20.0
UG	13	43.3
PG	11	36.7

<b>Occupational Status</b>		
Employee	12	40.0
Unemployed	12	40.0
Retired	6	20.0
<b>Income</b>		
Low income	6	20.0
Middle income	14	46.7
High income	10	33.3
<b>Family Type</b>		
Nuclear	23	76.7
Joint	7	23.3
<b>Marital Status</b>		
Married	19	63.3
Unmarried	11	36.7

- o The above table shows 60% of them were males, 40% were female patients.
- o Among them 10% of them were below 25 years, 6.7% of them were 26-30 yrs, 13.3 of them were 31-35 yrs, 26.7% of them were 41-50 years, 6.7% of them, were 51-60 years and 20% of them were above 60 years.
- o 50% of them from rural domicile and 50% of them from urban domicile.
- o 20% of them had low literacy level schooling, 43.3% of patients were graduates and 36.7% of patients were post-graduates.
- o Considering occupational status, 40% of them were employed, 40% of patients were unemployed and 20% of the patients were retired.
- o Considering economical status, 20% of them were belongs to low income group (ie Income <5,000/month)
- o 46.7% of patients were belongs to middle income (Income 6,000-12,000) and 33.3% of patients were high income group ( Above 12,000/month)
- o 76.7% of them were living in nuclear family and 23.3% of them were living in joint family 63.3% of patients were married and 36.7% were unmarried.

**Table – 2 : Duration of illness of Schizophrenia Patients**

<b>Duration of Illness</b>	<b>No.of respondents (n=30)</b>	<b>Percentage (100%)</b>
Three years	8	26.7
Four years	8	26.7
Five years	9	30.0
Six years & above	5	16.7

26.7% of patients had duration of 3 years, 26.7% of patients had duration of 4 years and 30% of them had duration of 5 years and 16.7% of patients had duration of six years.

**Table-3 : Distribution of Global Assessment of Functioning (GAF) of patients**

<b>Particulars</b>	<b>No.of respondents (n=30)</b>	<b>Percentage (100%)</b>
Low	14	46.7
High	16	53.3
Min:40/Max.:80/Mean.:56		

46.7% of them had score 40 and below, and 53.3% of patients had score level (41-80). The mean score of GAF is 56.

**Table-4 : Distribution of Socio Demographic Characteristics of Care Givers**

Particulars	No.of respondents (n=30)	Percentage (100%)
<b>Gender</b>		
Male	5	16.7
Female	25	83.3
<b>Age</b>		
31 to 35yrs	6	20.0
36 to 40yrs	4	13.3
41 to 50yrs	9	30.0
51 to 60yrs	7	23.3
Above 60yrs	4	13.3
<b>Education</b>		
Schooling	16	53.3
UG	9	30.0
PG	5	16.7
<b>Occupation status</b>		
Employee	14	46.7
Unemployed	16	53.3
<b>Relationship to the patient</b>		
Parent	11	36.7
Spouse	19	63.3

**Findings related to Socio- demographic profile of the caregivers of schizophrenic patients**

- o 16.7% of caregivers were male and 83.3% were female.
- o 20% of them belongs to 31-35 yrs age group, 13% belongs to 36-40 yrs age group, 30% belongs to 41-50 yrs age group, 23.3% were belongs to 51-60 yrs age group and 13.3% of them belongs to above 60 years.
- o Considering the literacy of caregivers, 53.3% were done schooling, 30% of caregivers were graduates, 16.7% of them were post graduates.
- o It was found that 36.7% caregivers were parents and 63.3% caregivers were spouses 46.7% of them were employed and 53.3% were unemployed.

**Table-5: Duration of Care Giving Experience**

Particulars	No.of respondents (n=30)	Percentage (100%)
3 years	12	40.0
4 years	11	36.7
5 to 6 years	5	16.7
Above 7 years	2	6.7

- o 40% of caregivers had 3 yrs care giving experience, 36.7% of them had 4 yrs experience, 16.7% had 5-6 yrs experience and 6.7% of caregivers had more than 6 yrs duration of care giving.

**Table-6: Burden Assessment Schedule (BAS) Scale of care givers**

Sl.no	Particulars	No.of respondents (n=30)	Percentage (100%)
1	Low	16	53.3
	High	14	46.7
Min:41/Max.:96 /Mean: 62.53			

o The mean score of burden was 62.53 53.3% of care givers had low burden score

**Table -7: Coping scale and their care givers of schizophrenia patients**

Particulars	No.of respondents (n=30)	Percentage (100%)
Low	15	50.0
High	15	50.0
Min:47/Max.:12 /Mean: 79.90		

The mean score of caregivers of coping was 79.90.

**Table-8: Association between age of patient with respond to global assessment of functioning scale (Chi-square analysis)**

Age of the patient	global assessment of functioning scale (GAF)		Statistical inference
	Low (n=14)	High (n=16)	
Below 25yrs	1(7.1%)	2(12.5%)	X <sup>2</sup> =9.107 Df=6 .168>0.05 Not Significant
26 to 30yrs	1(7.1%)	1(6.3%)	
31 to 35yrs	0	4(25%)	
36 to 40yrs	4(28.6%)	4(25%)	
41 to 50yrs	3(21.4%)	2(12.5%)	
51 to 60yrs	0	2(12.5%)	
Above 60yrs	5(35.7%)	1(6.3%)	

Chi-Square analysis shows the association between patient’s age with respond to GAF revealed no statistical significance.

**Table-9: Difference between gender of patient with respond to global assessment of functioning scale**

Global assessment of functioning scale (GAF)	Mean	S.D	Statistical inference
Male(n=18)	56.67	11.882	T=.425 Df=28 .674>0.05 Not Significant
Female(n=12)	55.00	7.977	

This shows the difference between patients gender with respond to GAF revealed no statistical significance.

**Table-10: Difference between domicile of patient with respond to global assessment of functioning scale**

Global assessment of functioning scale (GAF)	Mean	S.D	Statistical inference
Rural (n=15)	55.33	13.558	T= .347 Df=28 .731>0.05 Not Significant
Urban (n=15)	56.67	6.172	

T-test analysis revealed the difference between domicile of the patient with respond to GAF revealed no statistical significance.

**Table-11: Oneway ANOVA duration of illness of patient of the respondents and their opinion about global assessment of functioning scale**

Global assessment of functioning scale (GAF)	Mean	S.D	SS	Df	MS	Statistical inference
Between Groups			523.611	3	174.537	F=1.748 .182>0.05 Not Significant
Three years(n=8)	50.00	5.345				
Four years(n=8)	56.25	10.607				
Five years(n=9)	61.11	9.280				
Six years & above(n=5)	56.00	15.166				
Within Groups			2596.389	26	99.861	

Table-11 shows the duration of illness of patient with respond to GAF revealed no significance.

**Table-12: Oneway ANOVA difference between literacy of patient with respond to global assessment of functioning scale**

Global assessment of functioning scale (GAF)	Mean	S.D	SS	Df	MS	Statistical inference
Between Groups			110.793	2	55.396	F=.497 .614>0.05 Not Significant
Schooling (n=6)	58.33	13.292				
UG (n=13)	53.85	11.209				
PG (n=11)	57.27	7.862				
Within Groups			3009.207	27	111.452	

Table-12 shows the difference between patient’s literacy level with respond to GAF revealed no significance.

**Table-13: Oneway ANOVA difference between occupation of patient with respond to global assessment of functioning scale**

Global assessment of functioning scale (GAF)	Mean	S.D	SS	Df	MS	Statistical inference
Between Groups			245.000	2	122.500	F=1.150 .332>0.05 Not Significant
Employee (n=12)	59.17	9.962				
Unemployed (n=12)	55.00	7.977				
Within Groups			2875.000	27	106.481	

Table-13 shows the difference between patient’s occupation status with that of GAF scores revealed no statistical significance.

**Table-14: Oneway ANOVA difference between income of patient with respond to global assessment of functioning scale**

Global assessment of functioning scale (GAF)	Mean	S.D	SS	Df	MS	Statistical inference
Between Groups			274.286	2	137.143	F=1.301 .289>0.05 Not Significant
Low income (n=6)	50.00	8.944				
Middle income (n=14)	57.14	12.044				
High income (n=10)	58.00	7.888				
Within Groups			2845.714	27	105.397	

Table-14 shows the difference between patient’s economic status with respond to GAF scores revealed no statistical significance.

**Table-15: Difference between type of family of patient with respond to global assessment of functioning scale**

Global assessment of functioning scale (GAF)	Mean	S.D	Statistical inference
Nuclear (n=23)	56.52	10.706	T=.493 Df=28 .626>0.05 Not Significant
Joint (n=7)	54.29	9.759	

Table-15 show that the difference between family type of patient with respond to GAF scores revealed no significance.

**Table-16: Difference between marital status of patient with respond to global assessment of functioning scale**

Global assessment of functioning scale (GAF)	Mean	S.D	Statistical inference
Married (n=19)	56.32	12.115	T=.216 Df=28 .831>0.05 Not Significant
Unmarried (n=11)	55.45	6.876	

Table-16 shows the material status of patient with respond to GAF score revealed no statistical significance.

**Table-17: Association between age with respond to burden assessment scale**

Caretaker age	Burden assessment scale		Statistical inference
	Low (n=16)	High (n=14)	
31 to 35yrs	6(37.5%)	0	X <sup>2</sup> =12.318 Df=4 .015<0.05 Significant
36 to 40yrs	3(18.8%)	1(7.1%)	
41 to 50yrs	5(31.3%)	4(28.6%)	
51 to 60yrs	2(12.5%)	5(35.7%)	
Above 60yrs	0	4(28.6%)	

Table-17 shows the association between caregivers age with respond to Burden Assessment schedule of care givers. There was statistical significance with P value of = .015. Low mean score burden in younger age group care givers and high mean score burden in older age care givers.

**Table-18: Association between age of care giver with respond to coping scale**

Caretaker age	Coping scale		Statistical inference
	Low (n=15)	High (n=15)	
31 to 35yrs	0	6(40%)	X <sup>2</sup> =12.397 Df=4 .015<0.05 Significant
36 to 40yrs	1(6.7%)	3(20%)	
41 to 50yrs	5(33.3%)	4(26.7%)	
51 to 60yrs	5(33.3%)	2(13.3%)	
Above 60yrs	4(26.7%)	0	

Table-18 shows the association between care givers age with respond to coping scale revealed statistical

significance with value of  $P=0.015$ . It was found that coping score was high in younger age group. Above 50 – age group care givers shown low mean score.

**Table-19: Difference between gender of care taker with respond to burden assessment scale**

Burden assessment scale	Mean	S.D	Statistical inference
Male (n=5)	52.20	7.759	T=-2.022 Df=28 .053>0.05 Not Significant
Female (n=25)	64.60	13.143	

Table-19 shows the difference between care givers gender with respond to BAS. High mean score was found in female category. There was no statistical significance.

**Table-20: Difference between gender of care taker with respond to coping scale**

Coping scale	Mean	S.D	Statistical inference
Male (n=5)	91.60	10.383	T=1.164 Df=28 .254>0.05 Not Significant
Female (n=25)	77.56	26.246	

Table-20 shows the difference between care givers gender with respond to coping scale. The mean score of male care giver was higher than female care giver. But there was no statistical significance.

**Table -21: Oneway ANOVA difference between educational qualification of care giver with respond to burden assessment scale**

Burden assessment scale	Mean	S.D	SS	Df	MS	Statistical inference
Between Groups			2302.161	2	1151.081	F=11.404 .001<0.05 Significant
Schooling (n=16)	70.63	12.236				
UG (n=9)	51.78	6.418				
PG (n=5)	56.00	6.124				
Within Groups			2725.306	27	100.937	

Table-21 shown that the difference between care givers literacy level with respond to BAS scale, revealed statistical significance. Highly educated group ie post graduate care givers shown low mean score of burden was recorded in lower literacy level ie. Schooling category.

**Table-22: Oneway ANOVA difference between educational qualification of care giver with respond to coping scale**

Coping scale	Mean	S.D	SS	Df	MS	Statistical inference
Between Groups			13019.762	2	6509.881	F=36.888 .001<0.05 Significant
Schooling (n=16)	60.94	8.978				
UG (n=9)	96.33	16.538				
PG (n=5)	111.00	18.493				
Within Groups			4764.938	27	176.479	

Table-22 shows the difference between care givers literacy with respond to coping scale, revealed statistical significance. High mean score of coping was seen in higher literacy and low mean score of coping was seen in lower i.e less literacy care givers.

**Table-23: Difference between nature of care giver with respond to burden assessment schedule**

Burden assessment scale	Mean	S.D	Statistical inference
Parent (n=11)	64.09	7.529	T=.486 Df=28 .630>0.05 Not Significant
Spouse (n=19)	61.63	15.667	

Table-23 show the difference between care givers relationship to patient with respond to BAS scale. High mean score of burden was seen in parent category and low mean score was seen in spouse category, but there was no statistical significance.

**Table-24: Difference between nature of care taker with respond to coping scale**

Coping scale	Mean	S.D	Statistical inference
Parent (n=11)	65.18	11.592	T=-2.741 Df=28 .011<0.05 Significant
Spouse (n=19)	88.42	26.540	

Table-24, shows the difference between caregivers relationship to patient with respond to coping scale. High mean score of coping was seen in spouse category. Whereas low mean score of coping seen in parent category revealed statistical significance.

**Table-25: Difference between occupational status of care giver with respond to burden assessment scale**

Burden assessment scale	Mean	S.D	Statistical inference
Employee (n=14)	56.29	10.410	T=-2.677 Df=28 .012<0.05 Significant
Unemployed (n=16)	68.00	13.150	

Table-25 shows the difference between employment status of care giver with respond to BAS scale revealed statistical significance. The P value = .012. High mean score of burden seen in unemployed group where as low mean score of burden was seen in employed group.

**Table-26: Difference between occupational status of care giver with respond to coping scale**

Coping scale	Mean	S.D	Statistical inference
Employee (n=14)	95.86	24.735	T=4.106 Df=28 .001<0.05 Significant
Unemployed (n=16)	65.94	14.484	

Table-26 shows the difference between the occupational status of caregiver with respond to coping scale revealed statistical significance.

High mean score of coping was found in employed group whereas low mean score of coping seen in unemployed group.

**Table-27: Oneway ANOVA difference between experience of care giver with respond to burden assessment scale**

Burden assessment scale	Mean	S.D	SS	Df	MS	Statistical inference
Between Groups			3186.818	3	1062.273	F=15.005 .001<0.05 Significant
NA (n=12)	55.17	6.913				
Below 4 years (n=11)	59.27	8.787				
5 to 6 years (n=5)	76.80	10.545				
Above 7 years (n=2)	89.00	9.899				
Within Groups			1840.648	26	70.794	

Table-27 shows the difference between the duration of care giving with respond to burden scale revealed statistical significance. Compared to other groups high mean score of burden was seen in caregiver where care giving duration was above 5 years.

**Table-28: Oneway ANOVA difference between experience of care giver with respond to coping scale**

Coping scale	Mean	S.D	SS	Df	MS	Statistical inference
Between Groups			5637.652	3	1879.217	F=4.022 .018<0.05 Significant
3 years (n=12)	94.83	29.232				
4 years (n=11)	76.27	16.038				
5 to 6 years (n=5)	61.60	6.580				
Above 7 years (n=2)	56.00	1.414				
Within Groups			12147.048	26	467.194	

Table -28 shows the duration of care givers with respond to coping scale, revealed statistical significance. Longer duration experienced caregivers shown less mean score of coping whereas high mean score of coping seen in caregiver who had short duration of caregiving experience

**Table-29: Association between burden assessment scale of care giver with respond to coping scale**

Burden assessment scale	Coping scale		Statistical inference
	Low (n=15)	High (n=15)	
Low	2(13.3%)	14(93.3%)	X <sup>2</sup> =19.286 Df=1 .001<0.05 Significant
High	13(86.7%)	1(6.7%)	

Table-29 shows the association between burden assessment schedules of caregiver with that of caregivers coping scale. It revealed statistical significance. Low coping score seen in caregiver who had high burden score. Lower burden score seen in caregivers who had high coping level.

**RESULTS & FINDINGS**

- o 46.7% of caregivers had high burden score.
- o There is significant association between patient’s age with respond to GAF revealed no statistical significance.
- o There is a significant association between caregivers age with respond to Burden Assessment schedule of care givers.
- o There is a significant association between care givers age with respond to coping scale revealed statistical

significance with value of  $P=0.015$ . It was found that coping score was high in younger age group. Above 50yrs age group care giver shown low mean score.

o Difference between care givers literacy level with respond to BAS scale, revealed statistical significance. Highly educated group ie post graduate care givers shown low burden was recorded

o Difference between care givers literacy with respond to coping scale, revealed statistical significance. High mean score of coping was seen in higher literacy and low mean score of coping was seen in lower i.e less literacy care givers.

o Difference between caregivers relationship to patient with respond to coping scale. High mean score of coping was seen in spouse category. Whereas low mean score of coping seen in parent category revealed statistical significance.

o Difference between employment status of care giver with respond to BAS scale revealed statistical significance. High burden seen in unemployed group where as low burden was seen in employed group.

o Difference between the occupational status of caregiver with respond to coping scale revealed statistical significance. High mean score of coping was found in employed group whereas low mean score of coping seen in unemployed group.

o Difference between the duration of care giving with respond to burden scale revealed statistical significance. Compared to other groups high mean score of burden was seen in caregiver where care giving duration was above 5 years.

o Association between burden assessment schedules of caregiver with that of caregivers coping scale. It revealed statistical significance. Low coping score seen in caregiver who had high burden score. Lower burden score seen in caregivers who had high coping level.

#### LIMITATIONS:

o This study is limited by the small sample size and its cross-sectional design.

o The psychological distress experienced by caregiver may have influenced their ratings of burden.

o The caregivers were screened for the presence of any psychiatric illness using a clinical interview and a formal assessment was not carried out.

o The study was done in an urban setting, so the results can not be generalized to the population at large.

#### CONCLUSION

Providing care to a family member with a long standing mental illness such as schizophrenia causes significant disruption in several domains of family life. There are concerns specific to parents of spouses that need to be addressed. Family intention programs for persons with schizophrenia therefore must be sensitive to the needs of individual patients as well as caregivers.

Some are congress with similar studies from other countries and others are new findings that may be different to the caregivers here. Whatever these findings are, they have implications.

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