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## Extent of Burden and Coping among Family Caregivers Living with Schizophrenic Patients in Nepal

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### Abstract

Caring for schizophrenic patient is an enduring affect among family caregivers and gives substantial amount of burden. None any research has carried out to know the extent of burden among family caregivers of schizophrenia in Nepal. The aim of this study was to explore the extent of burden and identify coping strategies adopted by family caregivers living with schizophrenic patient. A descriptive cross sectional study was undertaken to assess the extent of burden and coping, using purposive sampling technique among of 147 family caregivers of Schizophrenic patient from in-patient and out-patient department of psychiatric hospital and neuropsychiatric department of hospital of Nepal. Demographic data sheet, Zarit burden interview scale and Brief cope scale were administered to the caregivers. Result: Finding revealed that the family caregivers experienced mild (36.7%) to moderate (46.9%) extent of burden, the total mean burden score was  $39.27 \pm 12.38$ . Caregivers most often used problem focused coping strategies (using of instrumental support, emotional support, Acceptance and religion) rather emotional strategies. Extent of burden found to be significantly associated with self-distraction, substance use, emotional support, behavior disengagement, venting, Acceptance and Religion coping strategies, correspondingly marital status, duration of illness, education of caregivers and place of residence of demographic variables were also significantly linked with burden of extent. *Conclusion:* Caregivers experienced moderate amount of burden. Coping strategies were significantly associated with burden. This study suggest that there should be effort made to ease burden through the some psycho educational intervention for family caregivers at hospital and community for better outcome of both patient and family caregivers.

Key words: extent of burden, family caregivers, coping strategies, schizophrenic patient.

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## **1. INTRODUCTION**

Schizophrenia is a severe mental disorder about 26 million people are affected by schizophrenia with respective age group among 15-35 years. It represents 1.3% of disability life years over all and fourth leading cause of disability in the developed world and 90% are populations are untreated in developing countries [1]. The world health organization estimated that about 40-90% of patient with schizophrenia lives with their families. In Canada, around one to two thirds of persons with schizophrenia live with their family members [2]. Family caregivers are often the primary caregivers of people with mentally disorder. According to WHO Report 2003, it is estimated that one in four families has at least one member currently suffering from mental problems [3]. In developing countries where, most people with schizophrenia live with their families, the human and economic burdens are significant [4]. Caring of schizophrenic patient leads to considerable amount of burden among caregivers [5]. Schizophrenia not only affect the patient's life but also constitute a significant burden for their families [6] When a person develop schizophrenia parents usually experience feeling of anger, anxiety, sadness, fear and frustration which should be considered in the integral treatment of patients. Most of the caregivers felt care giving had negatively impact on their multiple areas of functioning. A survey report of schizophrenia society Canada, most of the caregivers experienced their life had steadily declined since they started care giving to patient having schizophrenia. caregiver's life affected by lacking of social support, family routine, family functioning and difficult making relation with family and friends [7]. Numerous physical and psychological health problems ascend such as depression, strain and dissatisfaction of life as well [8]. Extent of Burden influences by various factors as age of caregivers, relationship with patient, employment, lack of resources, financial support, education level, and others commitment as well as duo to long term care of patient caregivers experiences burden that leads to negative consequences [9,10]. Caregivers of individual with schizophrenia have received significant attention in the past few years. A couple of decade ago hospital and psychiatric institution were in charge of caring for patient with schizophrenia, however this role is shifted, now a days this role is performed by one or more relative of the patient [11] which has lead to profound psychosocial, physical and financial burden on families and patient. Coping mechanism are expending conscious effort to solve personnel and interpersonal problem and seeking to master, minimize or tolerate stress and conflict. Care givers used variety types of coping strategies to reduce these symptoms, both problem and emotional focused. The most coping strategies used by care givers were self-controlling, positive appraisal and escape avoidance [5]. A phenomenological study in Taiwan about coping experience of carers who are living with schizophrenia shows that two most common type of coping mechanism were psychological coping strategies (cognitive, behavioral and emotional) and social coping strategies (religious, social and professional support) used by caregivers. It is important to understand the coping experience of family and caregivers. It is important to develop effective coping intervention strategies that help carers cope with the stress and strain of caring for a family member with schizophrenia [12]. Families caring for a member with a long-term mentally patient is always burden and distress. Caregivers used mostly Resignation, an Emotional focused strategy rather than problem focused to cope the situation. An emotional strategy has a negative impact on patient's level of motivation and further consequence on clinical and social outcome of the patients [13]. Little is known about burden of care and coping strategies of family members while caring of schizophrenia patient in developing countries. There is not much study carried out among the family caregivers of mental

illness in developing and underdeveloped countries like Nepal. Therefore the prime purpose was study to find out the extent of burden of care among family caregivers living with schizophrenia.

## **2. Subject and Methods**

**2.1 Research design:** A descriptive cross sectional quantitative research design was used on this study.

**2.2 Study location:** The study was conducted at the psychiatric department of teaching hospital and Tranquility Hospital & research center in Kathmandu, Nepal. Both in-patient and out –patient department were include for data collection. Though the psychiatric services are very limited out of Kathmandu city, these hospital have no defined catchment area.

### **2.3 Procedure**

Approval for the study was obtained through the hospital board committee and research administrative department of both hospital. Patient with schizophrenia attended to the clinic by their caregivers were consecutively recruited to participate in the study, subject to their informed consent. Total 147 caregiver took participate in this study. Participants who were illiterate were assisted to complete the questionnaire by reading out the question and option to rate them.

**2.4 Subjects:** The subjects of this study comprised 147 family caregivers of schizophrenic patient visited in out-patient department and admitted in psychiatric unit of teaching hospital and tranquility hospital of Kathmandu. Inclusion criteria for the caregivers included being a family members of patient, involvement of care of the patient 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 regimen.

### **2.5 Tools of the study**

**a) Socio demographic profile sheet:** this questionnaire was developed by researcher included items related to personnel characteristic of caregivers such as age, gender, marital status, education, occupation, duration of illness and relationship with patient.

**b) Brief COPE:** This was used to assess the coping skill of caregivers .the scale was developed by Carver C.S in 1997. It is an Abbreviated version of the COPE inventory. This scale comprised 14 subscale and 28 questionnaires items. Each item of scale have 4 rating option (1-not doing at all: 4-doing this a lot) and there are two question under each subscale. These sub scale are: Self-distraction, Active coping, Denial, Substance use, Use of emotional support, Use of instrumental support, Behavioral disengagement, Venting, Positive reframing, planning, Humor, Acceptance, and Religion, Self-blame.

**c) Zarit Burden Interview scale:** This 22 questionnaire item has been widely used to assess caregiver's burden in schizophrenia. The burden interview was developed by Zarit; Reever & Bach-Peterson in 1980. This scale

is a popular caregiver's self-administered questionnaire used in many countries in translated version. Each item of the questionnaire posed 5 point scale ranging from 0(Never) to 4(Nearly always) with a total score of 88. Higher score indicate higher level of burden or distress among caregivers. These questionnaires were translated into native language and revised by the researcher to ensure that they give the same meaning of the originals ones.

### **2.6 Limitation of the study**

The study was cross sectional hence it only explored burden intensity and types of coping strategies used by caregivers and relatively small sample size. There need to be carry out further research on the lively experience of caregivers that will be widely explore the experience and constraints of caregivers.

## **3. Results**

### **3.1 SOCIODEMOGRAPHIC DATA**

Table 1 shows that characteristics of caregivers. According it there were more respondents 51.1% belongs to >40 years age group while their mean age was  $41.69 \pm 10.48$ , mostly 57.8% were female respondent, 51% were from remote area, 22.4% were illiterate, while two third of subjects (70.1%) were married, 38.8% were parents, 45.6% were holding job or business and most of the patient had history of illness more than 5 years. All the patient had a diagnosis of schizophrenia and were currently receiving antipsychiatric medication. Detailed of data given below (Table 1).

### **3.2 EXTENTS OF BURDEN**

**Table 2** shows that extent of burden. It was found that 69(46.9%) were perceived moderate amount burden and 54(36.7%) experienced mild burden while 17(11.6%) felt little burden and 7(4.8%) were experienced severe burden during caring, their schizophrenic patient.

Distribution of the mean and standard deviation of ZBI score were depicted in table 3. It was found that the mean score of ZBI scale of being afraid with the future of patient was highest mean score  $3.20 \pm 0.70$ , followed dependent on relative was  $2.56 \pm 1.00$  and then burden of economic insufficiency, Inability to provide long term care, stressed being caregivers of patients mean  $\pm$ SD were ( $2.52 \pm 0.89$ ,  $2.48 \pm 0.99$ ,  $2.29 \pm 0.82$ ) respectively. Similarly the total mean score of burden among caregivers was  $39.28 \pm 19.16$ .

While the extent of burden was compared with demographic characteristic of the caregivers, there are substantial differences related with some variables: marital status, duration of illness, residence of caregivers and education. Among the demographic variables Duration of the illness and marital status found to be highly significant with amount of burden ( $p=0.00^{**}$ ).

Table 1. Sociodemographic Data

Variables	No.(n=147)	%
<b>Age*</b>		
< 40 years	66	44.9
>40 years	81	55.1
<b>Sex</b>		
Male	62	42.2
Female	85	57.8
<b>Locality</b>		
Urban	72	49
Remote	75	51
<b>Education</b>		
Illiterate/read & write	33	22.4
Primary education	32	21.8
Secondary education	59	40.1
Higher education	23	15.6
<b>Marital status</b>		
Unmarried	30	20.4
Married	103	70.1
widowed/separated	14	9.5
<b>Work</b>		
Job/buisness	67	45.6
House work/farming	62	42.2
Others	18	12.2
<b>Duration of illness</b>		
<1 years	27	18.4
1-5 years	52	35.4
5-10 years	53	26.1
>10 years	15	10.2
<b>Relationship</b>		
Parents	57	38.8
Spouse	46	31.3
ean	36	24.5
Others	8	5.4

\*mean age of caregivers were 41.69±10.48

Table 2. Extent of burden experienced by caregivers of schizophrenic patients

Extents of burden	No.	%
Little burden	17	11.6
Mild burden	54	36.7
Moderate burden	69	46.9
Severe burden	7	4.8
Total	147	100%

Table 3. Distribution of the mean and standard deviation of Zait burden scale

Variables	Mean ±SD
Do you feel that your relative asks for more help than he/she needs?	2.16±0.95
Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?	1.82±0.87
Do you feel stressed between caring for your relatives and trying to meet Other responsibilities for your family or work?	2.29±0.82
Do you feel embarrassed over your relative's behavior?	1.14±0.81
Do you feel angry when you are around your relatives?	1.23±0.74
Do you feel that your relative currently affect our relationship with other family -or friends in a negative way?	1.10±0.78
Are you afraid what the future holds for your relative?	3.20±0.70
Do you feel your relative is dependent on you?	2.56±1.00
Do you feel strained when you are around your relative?	1.39±0.69
Do you feel your health has suffered because of your involvement with your relative?	1.57±0.97
Do you feel that you don't have as much privacy as you would like because of your relative?	1.29±0.77
Do you feel that your social life has suffered because you are caring for your relative?	1.45±0.76
Do you feel uncomfortable about having friends over because of your relative?	1.12±0.79
Do you feel that your relative seems to expect you to take care of him/her as if you were the only one he/she could depend on?	2.18±1.09
Do you feel that you don't have enough money to take care of your relative in addition to the rest of your expenses?	2.52±0.89
Do you feel that you will be unable to take care of your relative much longer?	2.48±0.99
Do you feel that you have lost control of your life since your relative illness?	1.64±0.93
Do you wish you could leave the care of your relative to someone else?	1.59±0.89
Do you feel uncertain about what to do about your relative?	1.73±0.83
Do you feel you should be doing more for your relative?	1.34±0.94
Do you feel could do a better job in caring for your relative?	1.48±0.93
Over all how burdened do you feel in caring for your relative?	2.00±1.02
<b>Total mean score of burden scale (total score=88)</b>	<b>39.28±19.16</b>

Married respondents had a high level of burden, their burden mean score was 40.83±11.57 in addition longer duration of illness gives mild to moderate level of burden, their mean score was 43.87±9.50. Similarly Locality and education of caregivers found also a significant on  $p < 0.05$  ( $p = 0.004^*$ ) however age, sex, work and relationship did not show any significant link with the amount of burden perceived by caregivers of schizophrenia. (Table 4).

Table 4 .Relationship between sociodemographic variables and burden scale among caregivers of schizophrenic patient (N=147)

Demographic variables	Little	Mild	Moderate	Severe	Mean±SD	Chisquare value/ P value
	n%	n%	n%	n%		
<b>Age (years)</b>						
< 40 years	10(6.8)	29(19.7)	25(17)	2(1.4)	36.79±12.75	5.87, df=3,0.11
>40 years	7(4.8)	25(17)	44(29.9)	5(3.4)	41.30±11.76	
<b>Sex</b>						
Male	10(6.8)	25(17)	25(17)	2(1.4)	36.84±13.04	3.8,df=3,0.27
Female	7(4.8)	29(19.7)	44(29.9)	5(3.4)	41.05±11.64	
<b>Locality</b>						
Urban	11(7.5)	34(23.1)	30(20.4)	0(0)	42.51±12.89	13.2,df=3,0.004*
Remote	6 (4.1)	20(13.6)	39(26.5)	7(4.8)	36.16±11.09	
<b>Education</b>						
Illiterate/read & write	0(0)	10(6.8)	18(12.2)	5(3.4)	45.97±9.72	24.3,df=9,0.004*
Primary education	3(2)	8(5.4)	20(13.6)	1(.7)	41.75±12.34	
Secondary education	10(6.8)	24(16.3)	25(17)	6(4.1)	35.90±11.62	
Higher education	4(2.7)	12(8.2)	6(4.1)	1(.7)	34.87±13.50	
<b>Marital status</b>						
Unmarried	7(4.8)	18(12.2)	5(3.4)	0(0)	30.90±10.72	37.12,df=6,0.00**
Married	9(6.1)	33(22.4)	58(39.5)	3(2)	40.83±11.57	
widowed/separated	1(.7)	3(2)	6(4.1)	4(2.7)	45.71±13.74	
<b>Work</b>						
Job/buisness	10(6.8)	23(15.6)	33(22.4)	1(.7)	38.70±13.05	9.77,df=6,0.13
House work/farming	4(2.7)	22(15)	30(20.4)	6(4.1)	41.08±11.50	
Others	3(2)	9(6.1)	6(4.1)	0(0)	35.17±12.21	
<b>Duration</b>						
<1 year	11(7.5)	11(11)	5(3.4)	0(0)	28.30±11.64	69.68,df=9,0.00**
1-5 years	5(3.4)	25(17)	22(15)	0(0)	36.46±10.09	
5-10 years	1(.7)	17(11.6)	33(22.4)	2(1.4)	43.87±9.50	
>10 years	0(0)	1(.7)	9(6.1)	5(3.4)	52.53±10.54	
<b>Relationship</b>						
Parents	5(3.4)	20(13.6)	28(19)	4(2.7)	39.89±12.33	10.94,df=9,0.27
Spouse	3(2)	17(11.6)	23(15.6)	3(2)	42.02±11.72	
Childrens/brother/sisters	7(4.8)	16(10.9)	13(8.3)	0(0)	34.92±12.12	
Others	2(1.4)	1(0.7)	5(3.4)	0(0)	38.62±14.54	

P ≤0.05,significant, \*,\*\* significance<0.05

### 3.3 COPING STRATEGIES USED BY CAREGIVERS

Brief Cope Scale was used to assess the coping strategies used by caregivers to tackle burden in their life while they started caregiver’s role. Table (5) reveals the total mean score of each subscale of coping strategies. It was found that, mean ±SD of Using instrumental support as a coping strategies was 4.63±1.20, followed by using emotional support was 4.61±1.04 and Acceptance was 4.58±0.95 respectively. Each subscale of coping strategies used by caregivers was compared with extent of burden score by using ANOVA and determined significance level at P<0.05. It was found that coping strategies adopted by caregivers show significant relationship with

burden extent. Among fourteen subscale of coping strategies, Self-distraction, substance use, emotional support, Behaviour disengagement, venting, Acceptance and religion coping strategies were found to be significant relationship with burden extent of caregivers (Table 6)

Table 5: The total mean score of each subscale of Brief Cope

Coping strategies	Mean±SD	Range
<b>Problem focused strategies</b>		
Using instrumental support	4.63±1.20	2-8
Using emotional support	4.61±1.04	2-8
Acceptance	4.58±0.95	2-7
Religion	4.51±1.69	1-8
Positive reframing	4.38±1.00	2-7
Active coping	4.12±1.01	2-7
Planning	3.44±1.34	2-8
Humor	2.41±0.72	2-5
<b>Emotion-focused coping strategies</b>		
Self distraction	4.30±1.13	2-7
Venting	3.69±0.99	2-6
Behaviour disengagement	2.65±0.89	2-5
Denial	2.64±0.81	2-5
Self blame	2.63±0.93	2-6
Substance use	2.50±0.81	2-4

Table 6.Comparative analysis of the burden extent and coping strategies

Coping strategies	Mean and Standard Deviation of burden level				ANOVA/ P Value
	Little	Mild	Moderate	Severe	
Self-Distraction	2.76, 0.56	3.96, 0.88	4.80, 0.90	5.71, 1.11	0.000*
Active coping	3.88, 0.85	4.09, 0.78	4.23, 1.13	3.86, 1.57	0.519
Denial	2.29, 0.68	2.57, 0.81	2.72, 0.82	3.14, 0.90	0.078
Substance use	2.00, 0.00	2.39, 0.73	2.65, 0.88	3.00, 1.00	0.05*



Using instrumental support	4.24, 0.75	4.46, 0.92	4.86, 1.37	4.57, 1.81	0.149
Using emotional support	3.65, 0.49	4.52, 0.63	4.90, 1.19	4.71, 1.60	0.000*
Behavior disengagement	2.12, 0.48	2.52, 0.79	2.78, 0.90	3.71, 1.25	0.000*
Venting	2.88, 0.69	3.46, 0.79	4.04, 1.02	4.00, 1.15	0.000*
Positive reframing	4.47, 0.80	4.24, 0.88	4.58, 1.03	3.29, 1.38	0.006*
Planning	3.35, 0.78	3.22, 1.09	3.72, 1.58	2.57, 1.13	0.056
Humor	2.24, 0.56	2.24, 0.54	2.57, 0.84	2.57, 0.78	0.059
Acceptance	4.06, 1.02	4.33, 0.91	4.84, 0.90	5.14, 0.69	0.001*
Religion	2.94, 1.19	4.19, 1.30	5.10, 1.75	5.00, 2.00	0.000*
Self –blame	2.35, 0.60	2.72, 1.10	2.59, 0.82	2.86, 1.06	0.470

P\* < 0.05, significance level

#### 4. Discussion

The objective of the present study was to explore the extent of burden and identify coping strategies adopted by family caregivers living with schizophrenic patient in Nepal. In this study, there was moderate burden found in 69(46.9%) respondents while 54(36.7%) were found to be mild burden. This finding revealed that there was considerable amount of burden present in caregiver's day to day life. This finding is consistent with the finding of Abdul Kareem et.al, Nigeria [14] who reported high level of burden was found in 61(47.3%) caregivers and Shu-Ying et.al[15] who found moderate level of burden score 21.4% (25.9±10.7) among schizophrenic caregivers in Taiwan.

Many studies shows that the burden is largely modulated by the age and sex of caregivers [13, 16, 17], Older caregivers shows higher level of burden than younger similarly female caregivers experience high burden comparative to male caregivers In contrary in this study though there was mild to moderate burden present between two groups of age and sex however there were no significant statistical association with burden. This finding are consistent with the finding Surekha kumari et al [18] who reported moderate level of subjective burden present in the spouse which was statistically insignificant similarly the mean score of burden was higher among young age, male, single, illiterate and urban areas caregivers yet there were no statistical significant association with amount of burden.

The finding of this study reported that marital status and duration of illness of patient variables had highly significant associated with extent of burden ( $\chi^2 = 37.12$ ,  $df=6$ ,  $p < 0.00^{**}$ ,  $\chi^2 = 69.68$ ,  $df=9$ ,  $p < 0.00^{**}$ ), we found married

respondent perceived high level of burden in compare to unmarried and single respondent, correspondingly longer period of illness of patient contributed higher amount of burden. The result of long duration of illness equivalent to spending more time with patient, the notion of the result supported with the finding of [19] study reported long duration of schizophrenia could affect objective burden including deterioration of physical health of caregivers.

The current study also found that level of education and reside has significant association with extent of burden. Various studies associate high level of burden correlated with low level of education however this study found high level of education (secondary education) linked with high extent of burden, this result is consistent with the same author [19] that gives same result. This may be due to higher level of education was responsible for greater acuity of the complexity of providing care. Similarly place of residence has effect on amount of burden, [14] also found respondent from rural areas were more likely to experience high level of burden in compare to urban areas, this result consistent with current study ( $p < 0.004^*$ ). As the other socio-demographic characteristic (age, sex, occupation and Relationship) compared with burden extent it was found that there is no statistical significant connotation with amount of burden experienced by caregivers.

Caregivers used both problem focused and emotional focused coping strategies however it is found that caregivers adopted more problem focused coping strategies rather than emotional focused. The most coping strategies used by caregivers were using of instrumental support, using of emotional support, acceptance, and religion, positive reframing and self-distraction. This finding is not supported by Chandrasekaran et al [20] found emotion focused coping strategies was found to be more employed by the relatives than others. Similarly this finding is contrast with Subho Chakrabarti & Sapana [21] reported that problem focused coping strategies were more common in caregivers of bipolar disorder and emotion focused strategies in caregivers of schizophrenic patient. The study also revealed that Self-distraction, substance use, Behaviour disengagement, use of emotional support, Venting, Acceptance, Religion and positive reframing coping strategies were significantly associated with the extent of burden. This results is partially supported by same author [21] reported use of avoidance, Acceptance and spiritual help was significantly associated with burden and another study by Setsuko et[22]found that social interest and resignation coping strategies significantly exerted independent effect on burden of care.

### **5. Conclusion:**

Relatives of schizophrenia experienced enormous burden while caring their sick family member and most often adopted problem focused coping strategies rather emotional coping strategies to overcome burden. There is high need of right information, education, counselling, motivation and advice to most of the caregivers especially of severe mental ill clients having high level of intensity of burden. Effort should be made to provide psychosocial intervention to caregivers of patient with schizophrenia both hospital and community level.

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APPENDIX-A

THE ZARIT BURDEN INTERVIEW

Instructions for caregiver:

The questions below reflect how persons sometimes feel when they are taking care of another person. After each statement, circle the word that best describes how often you feel that way. There are no right or wrong answers.

	Never	Rarely	Some-time	Quite Frequently	Nearly Always	Score
1. Do you feel that your relatives asks for more help than he/she needs?	0	1	2	2	4	
2. Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?	0	1	2	2	4	
3. Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?	0	1	2	2	4	
4. Do you feel embarrassed over your relative's behavior?	0	1	2	2	4	
5. Do you feel angry when you are around your relative?	0	1	2	2	4	
6. Do you feel that your relative currently affects our relationship with other family members or friends in a negative way?	0	1	2	2	4	
7. Are you afraid what the future holds for your relative?	0	1	2	2	4	
8. Do you feel relative is dependent on you?	0	1	2	2	4	
9. Do you feel strained when you are around your relative?	0	1	2	2	4	
10. Do you feel your health has suffered because of your involvement with your relative?	0	1	2	2	4	
11. Do you feel that you don't have as much privacy as you would like because of your relative?	0	1	2	2	4	
12. Do you feel that your social life has suffered because you are caring for your relative?	0	1	2	2	4	
13. Do you feel uncomfortable about having friends over because of your relative?	0	1	2	2	4	
14. Do you feel that your relative seems to expect you to take care of him/her as if you were the only one he/she could depend on?	0	1	2	2	4	
15. Do you feel that you don't have enough money to take care of relative in addition to the rest of your expenses?	0	1	2	2	4	
16. Do you feel that you will be unable to care of your relative	0	1	2	2	4	

much longer?						
17. Do you feel you have lost control of your life since your relative's illness?	0	1	2	2	4	
18. Do you wish you could leave the care of your relative to someone else?	0	1	2	2	4	
19. Do you feel uncertain about what to do about your relative?	0	1	2	2	4	
20. Do you feel you should be doing more for your relative?	0	1	2	2	4	
21. Do you feel you could do a better job in caring for your relative?	0	1	2	2	4	
22. Over all, how burdened do you feel in caring for your relative?	0	1	2	2	4	
Total Score (out of 88)						

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*Thank you for completing this survey*

APPENDIX -B

BRIEF COPE SCALE

**Instructions:** After each statement, indicate the response that best describes your situation.

BRIEF COPE	1 = I haven't been doing this at all	2 = I have been doing this a little bit	3 = I have been doing this a medium amount	4 = I have been doing this a lot
1. I have been turning to work or other activities to take my mind off things.				
2. I have been concentrating my efforts on doing something about the situation I am in.				
3. I have been saying to myself "this is not real".				
4. I have been using alcohol or other drug to make myself feel better.				
5. I have been getting emotional support from others.				
6. I have been giving up trying to deal with it.				
7. I have been taking action to try to make the situation better.				
8. I have been refusing to believe that it has happened.				
9. I have been saying things to let my pleasant feelings escape.				
10. I have been getting help and advice from other people.				
11. I have been using alcohol or other drugs to help me get through it.				
12. I have been trying to see it in a different light to make it seem more positive.				
13. I have been criticizing myself.				
14. I have been trying to come up with a strategy about				
15. I have been getting comfort and understanding from someone.				
16. I have been giving up the attempt to cope.				
17. I have been looking for something good in what is happening.				
18. I have been making joke about it.				
19. I have been doing something to think about it less, such as going to movies, watching TV, reading, day dreaming, sleeping or shopping.				

20. I have been accepting the reality of the fact that it has happened.				
21. I have been expressing my negative feelings.				
22. I have been trying to find comfort in my religion or spiritual belief.				
23. I have been trying to get advice or help from other people about what to do.				
24. I have been learning to live with it.				
25. I have been thinking hard about what step to take.				
26. I have been blaming myself for things that happened.				
27. I have been praying or mediating.				
28. I have been making fun of the situation.				

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*Thank you for completing this survey*