

Social Support of Male and Female Care Givers of Individuals Suffering From Schizophrenia

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ABSTRACT

Background: Schizophrenia is a severe disorder that typically begins in late adolescence or early adulthood and characterized by profound disruption in thinking and perception, affecting language, thought, perception and sense of self. The consequences of the illness for the individual affected, his or her family, and society in general are devastating. Caring of individual with schizophrenia is a big challenge for caregivers. During care giving of individual with schizophrenia caregiver has started to avoid his health care, family responsibility, job as well as social interaction with friends, neighbours and relatives. Individual's illness creates many problems for caregivers in community. Social support largely depends on the family's reaction to illness, if they are rejecting, intolerant of dependence, or unsympathetic to the needs of the patients, then they may offer too little support. **Aim:** The aim of the study is to assess and compare the social support of male and female care givers of patients suffering from schizophrenia. **Methods:** The present study was a hospital based cross sectional comparative study among the male and female caregivers of Schizophrenia. Purposive sampling technique was used and sample size consists of a total of 60 caregivers of patients with Schizophrenia 30 male caregivers of patients with Schizophrenia and 30 female caregivers of patients with schizophrenia. **Results & Conclusion:** There was no significant found between the two groups. Hence we can conclude that social support is almost equal in male and female caregiver. Care givers of patients suffering from schizophrenia face the similar circumstances.

Keywords: Social Problems, Care Giving, Mental Health.

Schizophrenia is a severe disorder that typically begins in late adolescence or early adulthood and characterized by profound disruption in thinking and perception, affecting language, thought,

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Received: January 11, 2017; Revision Received: February 3, 2017; Accepted: February 7, 2017

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perception and sense of self. It often includes psychotic experiences such as hearing voices or delusions. It can impair functioning by causing the loss of an acquired ability, such as not being able to gain one's own livelihood or disruption of studies. Severe mental disorders have the consequences and an adverse impact on the life of Significant others or caregivers of the patients, who are attached by love, kinship and close relation. For families, the impact of mental illness is multiple determined. Magliano et al. (2006) conducted a research study and find out that caregivers play an important role in supporting the family members who are suffering from psychiatric disorders besides pharmacological treatment. The quality of care given which is provided by the caregivers in the family is directly associated with the functioning of the patients who is suffering from mental illness. Severe mental disorders have the consequences and an adverse impact on the life of Significant others or caregivers of the patients, who are attached by love, kinship and close relation. For families, the impact of mental illness is multiple determined. Apart from shared grief of unfulfilled life expectations, there are various categorical sources of stress that affect family members of persons with major psychiatric disorders. Care givers of individual with schizophrenia experienced many problems which are related to health, financial, family and social relationship. During care giving of individual with schizophrenia caregivers reduces social interactions because they are unable to give time to people.

Social Support

Social Support is a broad term and encompasses some prerequisites or conditions, which are deemed to be essential for human development and growth. Social support is being delivered to a particular person by his/her social networking system and by people with whom he/she feels to have the comfort during the interaction (Lepore, 1998). According to Turner (1999) Social Support refers to one's social bonds, social integration and primary group relation. It conceptualizes the primary human repertoire, with which a person feels the warmth and cordiality and acceptance. Social Support is the actual or perceived availability or resources in one's social environment that can be used for comfort or aid, particularly in times of distress. Social support is provided by one's social network including family, friends and co-workers. Not all social networks are supportive, but those that are supportive tend to bolster the health and well-being of the recipients of the support. Social support appears to enhance individual's physical and psychological health directly and indirectly by reducing the negative effects of stressors on health (Lepore and Schneider, 1991). Social support largely depends on the family's reaction to illness, if they are rejecting, intolerant of dependence, or unsympathetic to the needs of the patients, then they may offer too little support. On the other hand, they may be overprotective, refusing to allow the patient a reasonable degree of autonomy and discouraging active coping. In other words, social support is support or help from other individuals such as friends, family, neighbors, co-workers, professionals and acquaintances (Mitchell & Trickett, 1980). According to House et al (1987), Social support is believed to help to reduce stress in three important ways. First, family members, friends, and acquaintances can provide direct tangible support in the form of physical resources (e.g., lending money, doing the grocery

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shopping, and taking care of children). Second, members of one social network can provide informational support by suggesting alternative actions that may help to solve the stress-producing problem. These suggestions may help the person to look at his/her problem in a new way and thus help to solve it, or to minimize its impact. Third, those in the social network can provide emotional support by reassuring the individual that he/she is cared for, valued, and the esteemed. These supportive individuals can provide nurturance, acceptance, and love.

Social Support and Mental Health

Social support which begins in uterus is best recognized at the maternal breast and is communicated in variety of ways, including the ways baby is held. As life progresses, support is derived increasingly from other members of the family, then from peers at work and in the community, and in case of special need, from a member of helping professionals. As life's end approaches, social support is again derived from family members. From the very beginning of research in the area of social support, it was assumed that perceived support reflected the actual supportive behaviors provided by others during times of stress. High perceived support individuals had better mental health because they received more or better enacted support. Studies suggest that perceived support is rooted in the social environment important ways. These studies examine the extent to which subject's report of perceived support are significant. Result shows that perceived support are significant (Sarason et al., 1994).

Psychological distress and burden among caregivers of individual with schizophrenia lead to change the perceived social support in the life of caregiver from family members, friends and other persons (Crocker, 1998). Palmer & T. A. (2003) conducted study on social support is strongly associated with burden among caregivers. Many studies suggested that care giver burden effected social support and strong social support reduced care giver burden of individual with schizophrenia (Chang et.al, 2001 & Magliano et.al 2002). Bademli & Duman(2011) conducted study to analyze the family to family support program provided for the families of individual with schizophrenia and their potential impact on caregiver. Interacting finding that the caregivers who participated in the family to family support programs reported a significant decrease in their burden and increase in social support and family function.

Objectives

To assess and compare the social support among male and female care givers of individuals with schizophrenia.

METHODOLOGY

Research Design

The present study was a hospital based cross sectional comparative study among the male and female caregivers of Schizophrenia.

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Sampling

Samples were taken by using purposive sampling method, from Ranchi institute of Neuro-Psychiatry and allied sciences (RINPAS).

Inclusion and Exclusion Criteria

Inclusion Criteria for Patients

1. Patients attending RINPAS, who are diagnosed with schizophrenia according ICD- 10 (D.C.R)
2. Patients with schizophrenia of age between 21to 45 years.
3. Patients who are having illness of duration not less than 1 year.
4. Patients who are not having any other physical or mental illness.

Exclusion Criteria for Patients

1. Patients who are less than age of 21 years and more than the age of 45 years.
2. Patients who have duration of illness less than 1 year.
3. Patients who are having some other severe physical or mental illness.

Inclusion Criteria for Care Givers

1. Care givers patients attending RINPAS involved in care at least for 1 year.
2. Care givers who will provide written informed consent.
3. Care givers who are educated up to 5th standard
4. Care givers who don't have any other person with mental, physical illness, neurological and mental and behavioral disorder due to use of any psychoactive substance.

Exclusion Criteria for Care Givers

1. Care givers who are having any physical, mental illness, neurological and mental and behavioral disorder due to use of any psychoactive substance
2. Care givers who are involved in caring more than one person with mental illness.
3. Care givers who are illiterate.

Sample Size and Procedure

Initially permission was taken from the director and the head of the department of the psychiatric social work of the institute for conducting the present study “social support of male and female care givers of the patients suffering from schizophrenia”. After screening according to the inclusion and exclusion criteria, samples were selected for the current study from the outpatient department of Ranchi Institute of Neuro psychiatry and Allied Sciences (RINPAS) Kanke Ranchi. The samples were selected by using purposive sampling technique and a total of 60 samples which were further divided into 30 male care givers of patients suffering from schizophrenia and 30 female care givers of patients suffering from schizophrenia. The objectives of the study were explained to the participants. After establishing the rapport and explaining the

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purpose of the study the details of the socio-demographic data and various scales like General health Questionnaire, Social support Questionnaire was administered. For the statistical analysis SPSS (statistical package for social sciences) 16.0 version was used. t test was used for the statistical analysis.

The following tools were used in the study:

1. **Socio demo graphic data sheet:** It is a semi structured, self prepared Performa especially created for the study. It contains information about the socio demographic variables like age, sex, religion, education, marital status, occupation and domicile.
2. **General health questionnaire- 12 (GHQ-12)(Goldberg, 1978):** Goldberg and William developed the General Health Questionnaire-12. It is used to screen any psychiatric morbidity in healthy persons. General Health Questionnaire-12 is the short version of the original General Health Questionnaire containing 60 items for the detection of the psychiatric illness. Internal consistency of GHQ - 12 has been excellent. A high degree of internal consistency was observed for each of the 12 items with Cronbach's alpha value of 0.37-0.79, while total score was 0.79 in the population study. Test-retest correlation coefficients for the 12 items score were highly significant.
3. **P. G. I. Social support questionnaire:** This scale measures perceive social support i.e. social support as perceived by the subject. It had total 18 items and 4 possible responses may be, 4=agree a lot, 3=agree quite a bit, 2=agree somewhat, 1=disagree. Some items were positively worded and scoring remaining same 1, 2, 3, 4 and some negatively worded, so the scoring was to be reversed for these items i.e. 4, 3, 2, 1. Score indicates the amount of Perceived social support. Higher score indicates more perceived social support and Vice versa. It was a reliable and valid questionnaire. Test retests reliability after two Weeks interval on 50 subjects was found to be 0.59**, significant at .01 level.

RESULTS

Table 1 shows the comparison of two groups i.e. male and female care givers of individuals suffering from schizophrenia in relation to their socio demographic parameters. No significant difference was found between the two groups.

Table 2 shows the comparison of social support between male and female care givers of individuals suffering from schizophrenia. No significant difference was found between the two groups.

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Tables-1 Socio-Demographic Variables Between Male and Female Caregivers of Patients Suffering from Schizophrenia.

Variables		Group		df	x ²
		Male	Female		
Education	Under metric	12 (40.0%)	24 (60.0%)	3	12.733NS
	Intermediate	7 (23.3%)	5 (16.7%)		
	Graduation	9 (30.0%)	1 (3.3%)		
	Others	2 (6.7%)	0 (0.0%)		
Marital status	Married	21 (70.0%)	25 (83.3%)	1	1.491NS
	Unmarried	9 (30.0%)	5 (16.7%)		
Religion	Hindu	24 (80.0%)	29 (96.7%)	3	4.272NS
	Islam	4 (13.3%)	1 (3.3%)		
	Christianity	1 (3.3%)	0 (0.0%)		
	Others	1 (3.3%)	0 (0.0%)		
Domicile	Rural	22 (73.3%)	26 (86.7%)	1	1.667NS
	Urban	8 (26.7%)	4 (13.3%)		
Occupation	Student	5 (16.7%)	4 (13.3%)	2	6.425NS
	Professional	12 (40%)	4 (13.3%)		
	Others	13 (43.3%)	22 (73.3%)		
Socio economic status	Lower	23 (76.7%)	29 (96.7%)	1	5.192NS
	Middle	7 (23.3%)	1 (3.3%)		

Table 2 Comparison of Social Support among Male and Female Care Givers of Patients Suffering from Schizophrenia.

Variables	Group		t	df	P
	Male (N=30) Mean±SD	Female (N=30) Mean±SD			
Social support	43.33±6.48	42.23±3.97	.792	58	.432

DISCUSSION

The comparison of Social Support between male and female care givers of patients suffering from schizophrenia was done. Results showed the mean and standard deviation of male is 43.33±6.48 and mean and standard deviation of females is 42.23±3.97. There was no significant difference was found between the two groups. Hence we can conclude that social support is almost equal in both the groups. Since both groups of male and female care givers of patients suffering from schizophrenia face the similar circumstances of taking care of the patients suffering from schizophrenia, nearly both the genders equally participate in order to provide care to the patients. Nearly in all the samples no participant had showed the scarcity of perceived social support. Another fact was reported that maximum participants were from the rural background and it is observed that in rural settings there is much more cohesion among people. Rural settings are also characterized by the primary relations among people and people are always ready to listen they

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always have time for each other and particularly when it comes to provide support at the times of adversities they are always there. Another important fact is that in ancient times the care giving of mentally ill people was done either by the religious institutions or by the joint family system with regard to this study, in this study also majority of the participants are belonging to the rural areas where there are still joint families and which are characterized by the joint problem solving by the family members and neighbours, so it could be justified that the majority of the participants have scored high on the social support questionnaire which ultimately has lead to the homogeneity of the scores of social support between the two groups.

Limitations

Being time bound study sample size was small and hence the results could not be generalized. Comparison with some other disorder could have been done. The study needed to be carried out on a large sample with comparable representations of the both groups.

Future directions

The future study must be attempted to include some other psycho-social aspect of the care givers which is being experienced by the care givers.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests: The author declared no conflict of interests.

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How to cite this article: Khan M, Panday R, Kiran M (2017), Social Support of Male and Female Care Givers of Individuals Suffering From Schizophrenia, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 88, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.068/20170402, ISBN:978-1-365-74161-6