

A Study on Knowledge, Attitude and Practices among the Caregivers of Person with Schizophrenia

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Abstract: Schizophrenia is a severe mental illness. It is characterized by disturbances in thought and verbal behavior, perception, affect, motor behavior and relationship to the external world. The study explores the knowledge, attitude and practices among the caregivers of Schizophrenic patients. In this study purposive sampling was used to select total 50 caregivers of schizophrenic patients. The study reveals that in spite of less education caregivers are aware about the schizophrenic disorder as they used to discuss about the illness with the doctor, majority of them maintained healthy relationship with the patient and also accepted the patient, it indicates positive attitude towards the patient, 40% of them feel upset as they are psychologically not strong enough to take care of the patient. 44% of the respondents opined that they think the spiritual activity/black magic will help in recovery of the patient. As most of the care givers are less educated they are partially aware about schizophrenic disorder. Due to the partially knowledge about the disorder many of them are having superstitious belief that it will cure by going to the temple and black magic. But still, they have a positive attitude towards the patients as they have a strong emotional bond with the patients.

Keywords: Attitude, Caregiver, Knowledge, Practices, Schizophrenia.

1. INTRODUCTION

Schizophrenia is a severe mental illness that affects a person's thinking, and that can consequently alter their perception of reality, their emotions and their behavior. Approximately 1 in every 100 people will be affected by schizophrenia. Patients experience problems related to both positive symptoms such as delusions, hallucinations and disturbances in the thought process as well as negative symptoms such as lack of interest in almost all the activities, Tiredness or a lack of energy, becoming withdrawn and isolated, a loss of concentration, loss of interest in life, sleep deprivation *etc.*

Family members play a great important role in taking care of the patients. It is said that the death of the loved one is a major stressful life event for the family members. But living with Schizophrenia person is more unnatural, untimely and stigmatizing stressful event which throws the family into crisis.

Knowledge attitude and beliefs of the family members of persons with schizophrenic disorder:

Though the family members are having lack of knowledge and skills needed to assist their relatives, they play a great role in taking care of the patients. It is well recognized that the maximum impact of a psychiatric disorder is borne by the family and often leads to a complete disruption in its functioning. Patients had always stressed about the role reversal with spouse and had also always the stress about the role reversal with children. Sometimes stress of changes in family responsibility. Regarding knowledge and attitude about mental illness, few people think that people can recover from mental disorders. Psychosocial factors, including weakness of personality, are often considered the cause of mental disorders rather than biological factors. In addition, the majority of the general public in keeps a greater social distance

from individuals with mental illness, especially in close personal relationships. There is a misconception that people with mental illness are violent, which contributes to the significant of mental illness. The majority of people with mental illness are not violent, and the majority of violent acts are conducted by person who is not mentally illness. Knowledge of attitudes and their functioning is of interest both theoretically and practically. No theory of social behavior can be complete without incorporation of attitude functioning, and it is doubtful that complex social behavior can be predicted without knowledge of attitude.

Family members usually feel burden, stress, fear and embarrassment due to the signs and symptoms during the course of mental illness and also due to their hostile nature towards the patient leads to problem in the patient, symptoms still more get worst.

The extended families that provide the needed health care may have adequate knowledge on how to go about caring for their sick. Financial problem was one of the factor that impacted negatively follow up the patient.

2. RESEARCH METHODOLOGY

Research methodology includes research design, selection of the sample, data collection and processing of data. The research design descriptive and exploratory, where the investigator wants to explore and describe the knowledge, attitude and practices among the caregivers of schizophrenic patients.

Researcher selected 50 samples from psychiatry department, K.S.Hegde charitable trust, Derlakatte, Mangalore followed by using purposive sampling technique.

Problem formulation: Schizophrenia is a severe mental illness which is stressful not only for patients, but also for family members. Family members of patients with Schizophrenia have enormous roles in the care of their patients, which could negatively impact their wellbeing.

Care giving not only causes financial loss, but also requires energy and time consumption as they notice that the person has problems in understanding reality and thinking clearly, talks to them self or appears to be listening something else, has problems in communicating effectively, loses interest in their personal appearance and life, restless, irritable or tense and anxious, avoids other people, is aggressive or violent and the violence is usually directed at family and tends to take place at home. As a result caregivers may feel burden and neglect the patient because of these, symptoms gets still worse. In addition to that family members who do not understand the nature of mental illness may feel embarrassed or ashamed of their sick loved one and their attitude also will be negative towards the mentally ill person. Hence, it is essential to know the knowledge, attitude and practices among the caregivers of schizophrenia as it will be going to benefit for the counselors, psychiatric social workers and psychologists to work more effectively with their problem, 58% of the respondents opined that they take the patients to the temple

3. RESULTS AND DISCUSSIONS

Knowledge of the caregivers on schizophrenia:

Table no 1 : Aware about of symptoms

Aware about of symptoms	No. of the respondents	Percentage
Not aware	22	44%
Partially aware	25	50%
Fully aware	13	16%
Total	50	100%

Out of the total respondents, 22 (44%) of the respondents are not aware about the symptoms of the schizophrenia, 25 (50%) of the respondents are partially aware, and remaining 13 (16%) of the respondents are fully aware about the symptoms of the schizophrenia. It is found that some respondents are not aware about symptoms of the schizophrenia because of less education, lack of interest to know the symptom of the disorder. Some respondents are partially aware as doctors explained to them about the symptoms of schizophrenia.

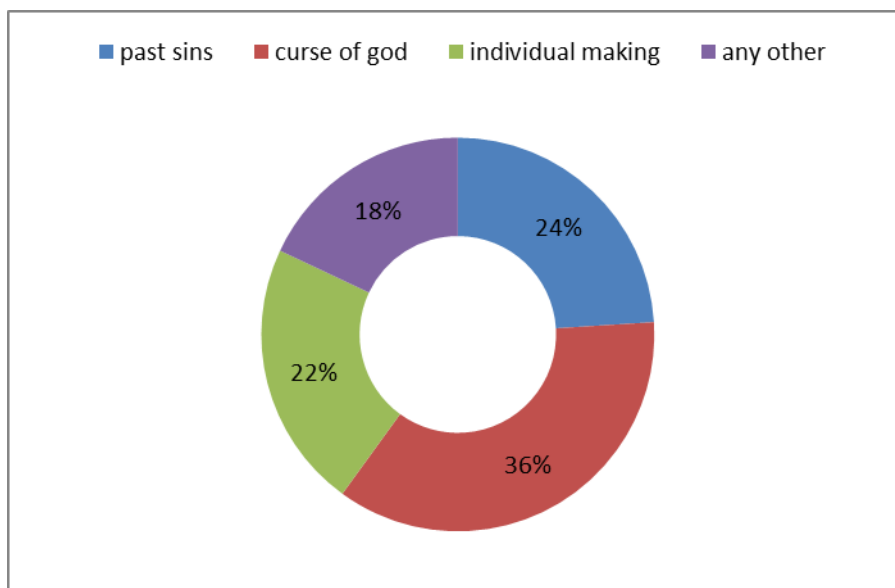


Figure no- 1. schizophrenia disorder is due to

From the above table, it is found that, 12(24%) of the respondents opined that schizophrenia disorder t is due to past sin, 18 (36%) of the respondents opined that due to curse of god, 11 (22%) of the respondents opined that individual making, and remaining 9(18%) of the respondents opined that any other such as hereditary, regular and depression.

It is found that, as care givers are tired of taking care of the patients as well as due to the lack of education majority of the care givers opined Schizophrenia disorder is due to the curse of god.

Table no. 2. Nature of treatment

Nature of the treatment	No. of the respondents	Percentage
Psychiatrist	24	48%
Home medicine	12	24%
Consulting religious leader	14	28%
Total	50	100%

Out of the total respondents, 24 (48%) of the respondents opined that should consult the psychiatrist for the treatment of schizophrenic disorder, 12 (24%) of the respondents opined that should take the home medicine, and remaining of the respondents opined that should consult the religious leader. It is identified that, as they partially aware about this disorder, they think that if they take the patient to the psychiatrist they will recover soon. In contrast, many are having a strong belief that this disorder is cured by the religious leader.

Table no. 3 Knowledge and psychological cause

Sex of the patients	Psychological cause				Total
	Too much tension	Past incidence	Poor coping ability	other	
male	12	4	9	3	28
Female	6	9	5	2	22
Total	18	13	14	5	50

The above table shows that among the total respondents majority i.e;28 of them male respondents; out of which 12 of the respondents having too much tension, 4 of them have schizophrenic disorder due to past incidence , 9 of them are having poor coping ability and remaining 3 of them are having other reasons.It is identified that, in this study, majority of the

male patients are having a schizophrenic disorder, due to too much tension, as they are not able to take the family responsibilities, past incidence, poor coping etc.

Attitude among the family members of persons with schizophrenic disorder:

Table no 4. Bizarre statement

Bizarre statement	No. of the respondents	Percentage
Feel responsible calmly correct	15	30%
Burden	8	16%
Give medicine	11	22%
Sad	16	32%
Total	50	100%

Out of the total respondents, 15 (30%) of the respondents opined that when the patient make bizarre statements they can calmly correct them., 8 (16%) of the respondents opined that they feel burden, 11 of the respondents opined that they give medicine and 16 (32%) of the respondents opined that they feel sad when they makes bizarre statements.

It Is found that, it is one of the major responsibility of the care giver in taking care of their patient as they need to recover soon, In contrast majority of them feel sad when the patients makes bizarre statement as they are having a good bond with patient. Hence, much of the time they feel depression.

Table no. 5. Feel about Caring for a patient:

Feel about caring for a patient	No. of the respondent	Percentage
Burden	10	20%
Upset	20	40%
Our responsible	15	30%
Repay what he has done	5	10%
Total	50	100%

From the above table, it is found that, 10 (20%) of the respondents opined that they feel burden about caring for a patient, 20(40%) f the respondents opined that they feel upset, 15 (30%) of the respondents are opined that they feel our responsible, and 5 (10%) of the respondents opined that they repay for what he has done.

It is found that,due to the irritable behavior of the patient majority of the caregivers feel upset as they are psychologically not strong enough.some care givers felt burden because they feel that they are not capable enough in finance and also they have to perform a dual role in family like family responsibility and taking care of the patients in longer time.

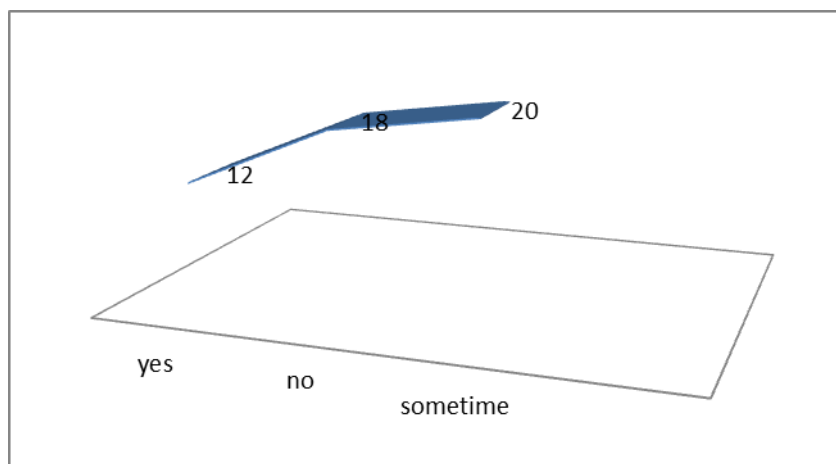


Figure no. 2 Feel alone

Out of the 50 respondents, majority 20 (40%) of the respondents opined that sometimes they feel alone. It is identified that, majority of the respondents felt alone because of lack of family support, finance burden and they are not capable

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enough to deal with the patient. 18(36%) of the respondents don't feel alone because of more family support, stronger in feelings and have capable enough to deal with the patient. In addition to that, they are getting enough moral, financial and psychological support from their family members in taking care of the patient.

Table no. 6.Supportive intervention

Supportive intervention	No. of the respondent	Percentage
Finance	2	4%
Counseling	10	20%
Care	20	40%
Family support	18	36%
Total	50	100%

From the above table, It is shows that, 2 (4%) of the respondents opined that finance is needed as supportive intervention for patient, 10 (20%) of the respondents opined that counseling, 20 (40%) of the respondents opined that care and remaining 18 (36%) of the respondents opined that family support is needed as supportive intervention for patient.

It is suggested that, majority of the respondents shows problematic behavior and they opined that care is needed for patient as supportive intervention whenever the patients feel bad. The care will make the patient healthy person as patients expect help, love, and affection from the family members. Some care takers suggested that the counseling and family support will help the patient to recover from the problem.

Table no.7 Accept the patient

Accept the patient	No. of the respondents	Percentage
Yes	47	94%
No	3	6%
Total	100	100%

From the above table, it is found that, 47 (94%) of the respondents opined that they accepted the patient. It shows that they have a positive attitude towards the patient.

Table no.8 Feel about the patient

Feel with the patient	No. of the respondents	Percentage
Tension	27	54%
Calm	23	46%
Total	50	100%

Among the total respondents, it is found, 27 (54%) of the respondents opined that they feel tense whereas remaining 23 (46%) of the respondents opined that they feel calm as it is understood that they have enough coping capability.

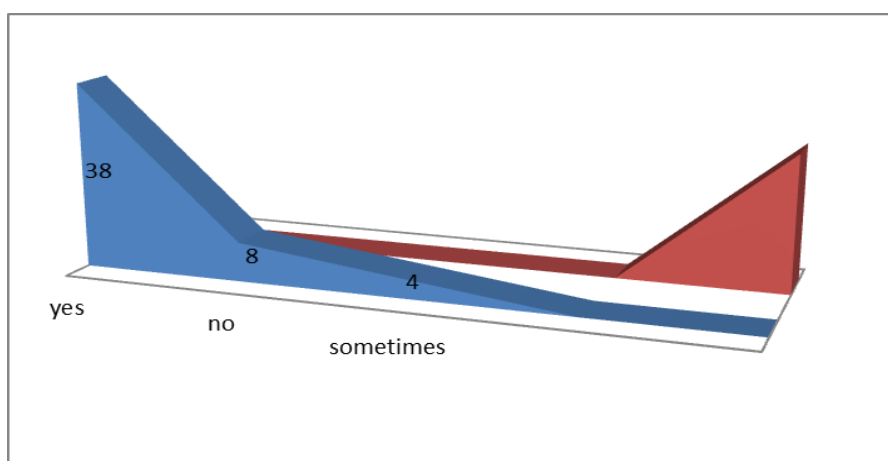


Figure no.3 Healthy relationship

Out of the total respondents, 38 (76%) of the respondents opined that they maintained healthy relationship with the patient, 8 (16%) of the respondents opined that they have not maintained and remaining 4 (8%) of the respondents opined that sometimes they maintained the healthy relationship with the patient.

Table no. 8 Feeling comfortable

Feeling comfortable	No. of the respondents	Percentage
Relative	13	26%
Family members	11	22%
Health worker	26	52%
Total	50	100%

From the above table, it is found, 26 (52%) of the respondents opined that if health workers taking care of the patient they feel much comfortable as they find it difficult to handle the patient sometimes due to their severe problematic behavior.

Practice of the family members of persons with schizophrenic disorder:

Table no. 9. Take the people to the place

Take the patients to the places	No. of the respondents	Percentage
Temple	29	58%
Hospital	14	28%
Counseling centre	7	14%
Any other	0	0%
Total	50	100%

Among the table, it is found that 29 (58%) of the respondents opined that they take the patients to the temple, 14 (28%) of the respondents opined that hospital, 7 (14%) of the respondents opined that counseling centre.

It is identified that, the majority of the respondents take the patient to the temple. They think that the problem came due to the curse of god, past sins and etc. if they go to temple, the problem is solved and the patients will recover soon. In addition to that, in order to get a mental peace, they take the patient to the temple most of the time.

Table no.10 Satisfaction

Satisfaction	No. of the respondents	Percentage
Yes	31	62%
No	19	38%
Total		100%

Out of the total respondents, 31 (62%) respondents opined that they are satisfied about visit a such place temple and hospital and remaining the 19(38%) of the respondents opined they have not satisfied about visit a such place temple and hospital .

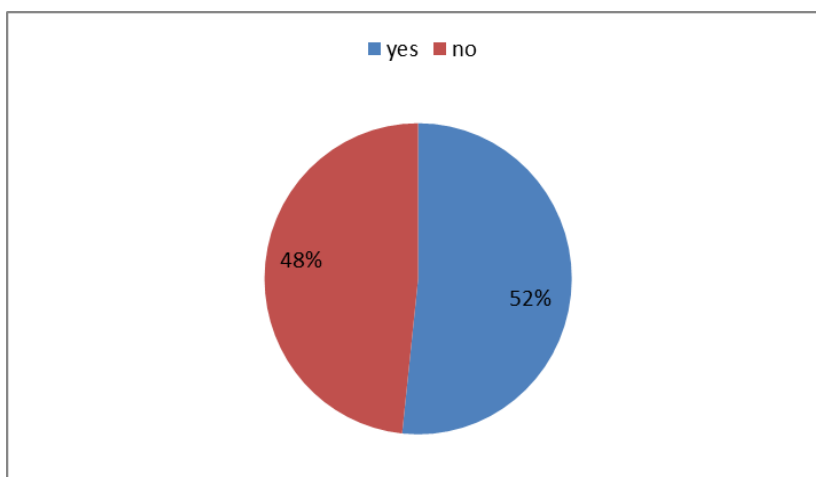


Figure no.4. Belief towards holy thread

From the above table, it is found that 29 (58%) of the respondents opined that, they have a strong belief that if holy thread tied on the arm of the patient he will recover soon, and remaining 31(62%) of the respondents do not believe that.

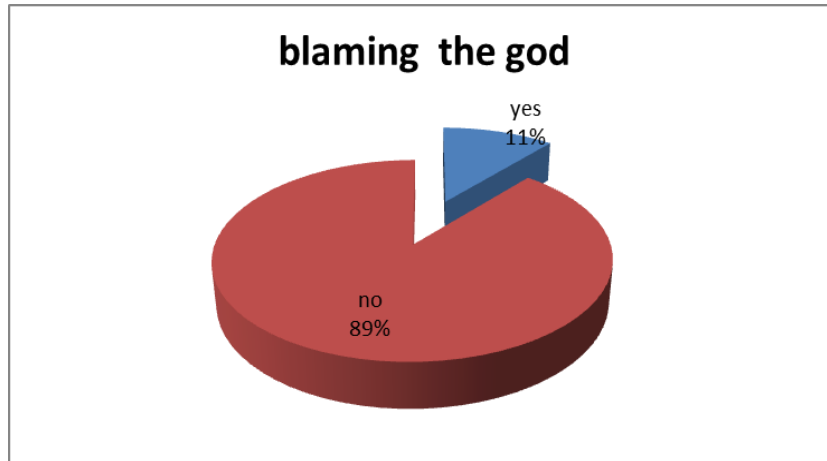


Figure no.5 blaming the god

Out of the 50 respondents, 20(40%) of the respondents blaming the god for the patient illness and 30 (60%) of the respondents don't blame the god.

It is identified that, most of the respondents do not blame the god. They think that patient have developed this kind of problem because of his past sin.

Table 11. Education and activities support in recovery of the patients

Education	Activities support recovery of the patients				
	spiritual	Medicine	Counseling	Family support	Total
Illiterate	5	0	0	0	5
Primary	11	5	2	1	19
High	5	2	0	2	9
Puc	1	3	0	2	6
Graduate	0	4	4	0	8
Post graduate	0	3	0	0	3
Total	22	17	6	5	50

The above table shows that, majority i.e; 19 of the respondents are primary level educators, out of which 11 of the respondents take the patients to the black magic activity by thinking that it will support in recovery of the patients, 5 of the respondents take the patients to the medication, 2 of the respondents take the patients to the counseling and 1 of the respondent think that family support will help in recovery of the patients. In this study, majority of the respondents take the black magic activity than consulting the doctor. As they are less educated they have a strong belief that strongly it will help in recovery of the patients.

4. FINDINGS

- It depicts that 74% of the respondents belongs to the traditional family.
- Majority of the respondents i.e; 50% of the respondents are partially aware about the symptoms of the schizophrenic disorder.
- Majority of the respondents, i.e, 32% of the respondents opined that they feel sad when they makes bizarre statements.

International Journal of Novel Research in Healthcare and Nursing

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- 40% of the respondents opined that sometimes they feel alone and only 24% of the respondents opined that they feel alone.
- It depicts that 40% of the respondents opined that care is needed as a supportive intervention for patients.
- Out of the total respondents, 36% of the respondents opined that they discussed with the doctor about the patient problem.
- Majority 64% of the respondents opined that they accepted the patient, it indicates positive attitude towards the patient.
- 76% of the respondents opined that they maintained healthy relationship with the patient.
- 52% of the respondents opined that if health workers taking care of the patient they feel much comfortable
- 44% of the respondents opined that they think the spiritual activity/black magic will help in recovery of the patient.
- 58% of the respondents opined that they take the patients to the temple.
- 40% of the respondents blaming the god for the patient illness
- 58% of the respondents opined that, they have a strong belief that if holy thread tied on the arm of the patient he will recover.

5. SUGGESTIONS

- Individual counseling and relaxation technique has to be applied on care givers in order to reduce their stress.
- In order to enhance their (caregiver) coping strategy life skill training programme has to be organized by the psychiatry social worker and counselor.
- Should maintain the patient's physical and psychological health.
- Should develop conflict resolution technique.
- Should share their feelings, difficulties and problem with each other.

6. CONCLUSION

The conclusion is an important as any chapter in the research study. It is the conclusion, which makes the research study complete and worthwhile. Conclusions for the study are drawn on the basis of the major findings. Thus these conclusions are briefly presented in this chapter.

Researcher finds that many caregivers are having psychological problems due to caring the patients. They feel burden, upset, irritability, and their quality of life also will be diminished in taking care of the patients

As most of the care givers are less educated they are partially aware about schizophrenic disorder. Due to the partially knowledge about the disorder many of them are having superstitious belief that it will be cured by going to the temple and black magic. This shows their negative attitude towards their practices. But they have a positive attitude towards the patients as they have a strong emotional bond with the patients.

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