

A SURVEY OF ATTITUDES AND BELIEFS OF CARE GIVERS TOWARDS PATIENTS SUFFERING FROM SCHIZOPHRENIA

Rubina Aslam and Ahsan Numan

Objective: To explore the ideas and attitudes of care givers towards patients suffering from schizophrenia with the help of survey form formulated after group discussion with a focus group of families, which was later used to gather information from a larger sample.

Material & Methods: This study was conducted at Neuro Clinic, Johar Town, Lahore, over a period of six months from March 2009 to August 2009. Rural as well as urban population is equally represented in sample. A focus group, comprising of ten patients and their care givers, who were attending for the last two years for follow-up participated in a group discussion and a survey form was formulated on the basis of this to explore the beliefs and attitudes of care givers of patients suffering from schizophrenia. In the next stage this form was used during the study period on all those care givers who consented to participate in the survey.

Results: Majority of care givers were females (82.6%) and had no formal education. Majority (almost 50%) of them believed in supernatural causes. Others believed in psychological factors (14%), physical as well as psychological (11%), physical reasons alone (8.5%), physical and supernatural (7%), malingering (7%) and inheritance (2.8%). Nearly 93% respondents believed that treatment is possible in this illness; however there were variations in people's beliefs about treatment modality.

Conclusion: Nearly half of the study participants believed in non scientific and supernatural causes of schizophrenia. There is a need to establish community based mental health services that can impart psycho-educational interventions at the level of community and families.

Keywords: Attitudes, Beliefs, Care givers, Schizophrenia

Introduction

Schizophrenia is a severe mental illness which is stressful not only for patients but also for family members in multiple and complex ways. This chronic illness influences virtually all the aspects of life of affected person. Providing care to family members suffering from chronic illness may result in feelings of burden or strain for care givers that can diminish their quality of life as found in a study by Sale 2003. Several well controlled long term studies have been carried out in which families were educated and involved in treatment program. These studies report positive effects on the course of illness, well being of patient and family and reduction of relapses.¹ Meta analysis provides strong evidence that when family members are included in treatment program, the relapse rate decreased markedly.^{2,3} It is well documented that family environment affects the prognosis of schizophrenia.⁴ Moreover, beliefs about causation of schizophrenia could influence the attitudes patient's families adopt towards the patient and may influence their help seeking behavior. This is particularly true of rural and semi-rural populations and those from

an orthodox and very religious backgrounds who throng religious centers of healing in search of a desperate cure for mental illness. Families in the subcontinent have been typically described as often believing in causes like supernatural forces and therefore seek help from magic or religious healers. Highly perceived stigma and non-medical explanations of causes are important variables which could lead to delay in seeking treatment. People not only hide patients from others but also a non-medical explanation makes it less likely for them to bring the patient to medical professionals. Other reasons for this could be proximity, availability, affordability, family pressures and strong opinions of community.⁵

Material and Methods

This study was conducted in two stages. At first ten patients and their families especially the key person who is care giver were recruited from the Neuro Clinic out patient facility. Patients were on follow up for the last two years and equal share was given to rural and urban communities.

This focus group was involved in a group discussion

and on the basis of this a survey form was formulated to explore the beliefs and attitudes of care givers of patients suffering from schizophrenia. In the next stage, this form was used during the study period on all those care givers who consented to participate in the survey.

Results

Table 1 shows demographic characteristics of respondents. Majority of the caregivers (82.6%) were women. Majority (55.71%) had no formal education but a significant number had basic primary school education (25.71%).

Table-1: Demographic details (n= 70)

Variable	Frequency	Percentage
Gender		
Female	58	82.86%
Male	12	17.14%
Education		
No formal education	39	55.71%
Student	03	04.29%
Primary	18	25.71%
Matric	06	08.57%
Masters	02	02.86%
Professional	02	02.86%
Marital Status		
Single	05	07.14%
Married	35	50.00%
Divorced	13	18.58%
Widow	17	24.28%

Table 2 shows views of care givers on the causation of schizophrenia. Majority (23%) believed that Jin bhoot is causing all these symptoms in patients. Psychological reasons like guilt and punishment are viewed equally responsible (14.3%) as causes like fear. Black Magic i.e. Jadu was considered responsible by 11.4% of the attendants for illness. Others believed in physical reasons and inheritance whereas some believed that patient is not suffering from any disease but he or she is just malingering (7.14%).

Table 3 shows the views about treatment of schizophrenia. A significant number of people

Table-2: Care givers views of causes of schizophrenia (n= 70)

Variable	Frequency	Percentage
Fear	10	14.29%
Jin Bhoot	16	22.85%
Psychological Factors	10	14.29%
Magic	08	11.43%
Physical Reasons	06	8.57%
Inherited	02	02.86%
Physical + Supernatural	05	07.14%
Physical + Psychological	08	11.43%
Malingering	05	07.14%

Table-3: Care givers views of treatment of schizophrenia

Variable	Frequency	Percentage
Dam Darood	17	24.29%
Taweez	06	08.57%
Quacks	12	17.14%
Homeopathic	05	07.14%
Medical treatment	25	35.71%
Dum darood as well as medical	03	04.29%
Dum darood as well as quacks	02	02.86%

*Dum Darood = Blowing air towards the person after reciting some Quranic verses
Taweez= Religious verses on a piece of paper, which are worn around the neck*

doctors. Other care givers beliefs about treatment include Dam Darood (24.3%) Quacks (17.14%) Taweez (8.5%) and Homeopathic treatment (7.14%). Rest believed in combination therapies.

Discussion

This survey has tried to find out beliefs of care givers of patients with psychosis i.e. which explanatory model of causation they believe in and also views about treatment. The baseline data suggests that the relatives of patients with psychosis have multiple, diverse and contradictory explanatory beliefs about illness. Some participants held simultaneous beliefs in physical causes and supernatural causes. They also suggest that help could be sought from a range of different sources i.e. doctors, traditional healers, shrines etc. Other studies of explanatory models of psychosis have reported similar findings (Joel et al

beliefs have been discussed in literature (Saravannan et al 2004, 2005).^{7,8}

A representative survey conducted among the general public in Germany shows that relatives will usually look to biological factors when searching for the causes of schizophrenia while the general public tends to cite psychological factors, especially stress related factors in order to explain the development of the illness (Angermeyer et al).⁹ This can be attributed to relative's greater exposure to the knowledge of psychiatric experts as well as their having to deal with their own feelings of guilt.

Highly perceived stigma and non-medical explanations of causes of schizophrenia could lead to delay in seeking treatment because people not only hide patients from others but also a non-medical explanation makes it less likely for them to bring the patient to medical professionals. This can lead to patient's being socially isolated. In a community based survey at Bali (Indonesia), key relatives attributed supernatural causes to schizophrenia more often than natural causes compared with relatives who listed a natural cause as most important (14 relatives or 36%). Relatives who considered a supernatural cause as being the most

important (25 relatives or 64%) had a significantly higher mean age and less education and were more likely to have family members with schizophrenia who had never received psychiatric medical treatment (Kurihara T, Kato M, et al).¹⁰

Conclusion

In this study we have found that members of general public who come to a big city for treatment and most of them are educated have negative opinion and views about patients suffering from schizophrenia. Most of them believe in non-physical causes and non-medical treatment. There is a need to adding psycho-educational interventions to pharmacological treatments, to have beneficial effects for the patient as well as for the family. This also brings forward the need to establish more community based mental health services that can impart psycho education at the level of community and family.

There is a need to conduct this study with a bigger sample, inclusive of far off areas with better methodology and that can have impact on help seeking behavior.

*Department of Neurology
Services Institute of Medical Sciences , Labore
theesculapi@hotmail.com*

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