Perceived Burden and Family Functioning among Informal Caregivers of Individuals Living with Schizophrenia in Tanzania: A Cross-Sectional Study

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BACKGROUND

- Deinstitutionalization of persons with schizophrenia has led to families providing most of the care and carrying the bulk of burden.
- There is a need to identify factors that influence caregiver burden in order to address the needs of caregivers.
- This is particularly important in low-resource settings, where psychiatric services are scarce and interventions for schizophrenia could be most effective if targeted to the affected individual and their caregiver.

OBJECTIVES

1. To examine the association between family functioning and perceived burden in informal caregivers of individuals with schizophrenia in Dar es Salaam and Mbeya regions in Tanzania.
2. To identify factors that may be associated with caregiver burden among the study population.

METHODOLOGY

- 65 individuals with schizophrenia and 65 matched caregivers recruited from Muhimbili National Hospital and Mbeya Zonal Referral Hospital
- Assessments were done in one or two sessions of no more than 2 hours
- Data were collected using REDCap

Primary Measures

- **Burden Assessment Scale** → Caregiver Burden
- **SCORE-15** → Family Functioning

RESULTS

- Most caregivers (n=43) reported experiencing high caregiver burden.
- The median family functioning score for high burden was 2.7 (IQR = 0.4) compared to 1.9 (IQR = 0.7) for low burden.

Multivariable regression model

All variables included in the model remained significant:

- Poor family functioning (OR = 4.79; 95% CI = 1.19, 19.32).
- Caregiver having worked in the past 3 months (OR = 4.80; 95% CI = 1.14, 20.23)
- Lower levels of hope in the caregiver (OR = 0.82; 95% CI = 0.70, 0.95).

63% of caregivers reported experiencing high burden as a result of caring for a relative living with schizophrenia. This is consistent with previous reports of significant burden in informal caregivers in other parts of sub-Saharan Africa, including Ghana and Nigeria.

Family functioning was a significant correlate of perceived caregiver burden, making it a potential target for treatment aiming to improve schizophrenia outcomes and decrease caregiver burden.

Other factors related to caregiver burden were individual with schizophrenia being female (significant in univariable regression), caregiver hope, and caregiver work. Our results make a compelling argument for fostering hope in family caregivers, especially in those that have both work and caregiving duties, as it can be protective against caregiver burden.

TERMS

- **Caregiver Burden**: “The strain endured by a person who cares for a chronically-ill individual”
- **Informal Caregiving**: “The act of providing assistance to an individual for whom the caregiver has a personal relationship”
- **Family Functioning**: “The ways in which relationships operate in the family”

ACKNOWLEDGEMENT: The KUPAA team for their commitment to conducting high-quality research and helping individuals living with psychotic disorders

Data obtained from parent study—“Family Psychoeducation for Adults with Psychotic Disorders in Tanzania”

Funding mechanism: NIMH 5R34MH106663; 2017-2020