

**Analyzing the Sociodemographic Characteristics of Caregivers for Individuals with Depressive Disorders****Rahul Rakesh<sup>1</sup>, Monika Kumari<sup>2</sup>, Vijendra Nath Jha<sup>3</sup>**<sup>1</sup>Senior Resident, Department of Psychiatry, DMCH, Darbhanga, Laheriasarai<sup>2</sup>Senior Resident, Department of Psychiatry, PMCH, Patna<sup>3</sup>Assistant Professor & Head, Department of Psychiatry, DMCH, Darbhanga, Laheriasarai

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Conflict of interest: Nil

**Abstract:****Background:** Depression is a condition characterized by state of aversion to activity and low mood. It can affect a person's sense of wellbeing, feelings, motivation, thoughts and behavior.**Materials & Methods:** The present observational, cross-sectional study was conducted on 120 caretakers of patients suffering depression. Sociodemographic characteristics like age, address, sex, religion, occupation, type of family, education, relation with patient etc were studied.**Results:** Majority of the caretakers i.e. 46.7% were above 46 years, 60.8% were females whereas 39.2% were males. 52.5% caretakers were from rural background, 60% were Hindus, 76.7% were married, 62.5% were from joint families, 56.7% were illiterate and 60% were unemployed. Maximum percentage of caretakers i.e. 45.9% were parents while majority i.e. 59.2% belongs to lower socioeconomic class.**Conclusion:** From present study we conclude that majority of the caretakers of the patients suffering from depression were females, above 46 years of age with rural background, living in joint families, illiterate, unemployed and belongs to low socioeconomic class. So it is suggested that service providers, researchers, policy makers and planners should address the issues of these caretakers carefully so that the prognosis of depressive disorder can be improved.**Keywords:** Caretakers, Depression, Stigma.This is an Open Access article that uses a funding model which does not charge readers or their institutions for access and distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>) and the Budapest Open Access Initiative (<http://www.budapestopenaccessinitiative.org/read>), which permit unrestricted use, distribution, and reproduction in any medium, provided original work is properly credited.**Introduction**

Depression is a condition characterized by state of aversion to activity and low mood. It can affect a person's sense of wellbeing, feelings, motivation, thoughts and behavior. Many features of depression include significant decrease or increase in sleep duration and appetite, difficulty in concentration/thinking and sadness. There may be feeling of hopelessness, dejection and sometimes suicidal thoughts among the people suffering from depression. [1] During the periods of critical illness the patient may require care and support from a caretaker. [2] Caretaker is defined as an individual who takes up the responsibility of meeting the psychological and physical needs of the dependent patient. Being a caretaker can be emotionally and physically stressful.

Caretakers often put other's needs before their own while taking care of a loved one. They often sacrifice their emotional and physical needs, their energy and time which could lead to anxiety, stress and/or depression, thereby placing the caretaker at a great risk of mental and physical health problems. [3]

**Material and Method**

The present observational, cross-sectional study was

conducted on caretakers of patients suffering depression who were accompanying their patient for consultation in the OPD of the DMCH Darbhanga. Before conduct of the study, before inclusion in the current study informed consent from all the caretakers of patients suffering from depression was undertaken after which a total number of 120 caretakers of depressive patients were selected & their sociodemographic characteristics like age, address, sex, religion, occupation, type of family, education, relation with patient etc were studied.

**Results**

Table 1 shows that 45.8% caretakers were above the age of 46 years whereas 40.8% were between 36 to 45 years, 11.7% were between 26 to 35 years and 1.7% were below 25 years of age. There were 60.8% females and 39.2% males. 52.5% caretakers lives in rural areas and 47.5% lives in urban areas. 60% caretakers were Hindus, 27.5% were Muslims and 12.5% belongs to other religion. Majority i.e. 76.7% caretakers were married. 62.5% caretakers lives in joint family and only 37.5% caretakers lives in nuclear families. Moreover 56.7% caretakers were illiterate, 60% were unemployed and 45.9% were

parents by relation to their patient. There were 59.2% caretakers who belongs to lower

socioeconomic class followed by 30.8% to middle and 10% to upper socioeconomic class.

**Table 1: Shows sociodemographic profile of caretakers of patients suffering from depression**

Joint	75	62.5
Nuclear	45	37.5
<b>Education</b>		
Illiterate	68	56.7
Primary	7	5.8
Middle	9	7.5
Secondary	26	21.7
Graduation and above	10	8.3
<b>Occupation</b>		
Employed	48	40
Unemployed	72	60
<b>Relation with parents</b>		
Parents	55	45.9
Spouses	37	30.8
Siblings	19	15.8
Others	9	7.5
<b>Socio economic class</b>		
Upper	12	10
Middle	37	30.8
Lower	71	59.2

## Discussion

The majority of the caretakers of depression i.e. 45.8% were above 46 years of the age whereas 40.8% were in the age group of 36 to 45 years, 11.7% were between 26 to 35 years and 1.7% were below 25 years of age. One of the toughest job in one's life is providing care to psychiatric ill patient as it is a continuous, consistent and tough job resulting in caretakers to be in the higher side of age (i.e. in the 5<sup>th</sup> decade and above). [4,5] Our finding is similar to other studies which also found that majority of the caretakers of the patients with psychiatric disorders. Moreover the mean age of caretakers in this study was 48.54 ( $\pm 17.53$ ) years which is almost the mean age of the caretakers found in other studies [7, 8] In the present study majority of the caretakers 60.8% were females whereas only 39.2% were males. The primary role of caretaking of sick family member in majority of the south Asian and African countries has been assigned to women. As per historical facts and due to cultural issues, women especially the wife mother, daughter or daughter in law were assigned. Moreover the role of caretaking was more acceptable to women as they more emotionally attached to their family and are responsible for emotional care of their family members especially their children. [6] Other studies had also observed that majority of the caretakers of psychiatric illnesses including Majority of the caretakers in the present study i.e. 52.5% belongs to rural areas as compared to 47.5% who belongs to urban areas. In developing country like India, majority of its population still lives in rural areas. [16] In

addition to that this hospital is one of the major tertiary care hospital in Jammu division to which patients are referred from all rural and urban areas of Jammu division as well from nearby states. [5] Other studies had also found similar results. [6,17] Maximum percentage of the caretakers in this study i.e. 60% were Hindus whereas 27.5% were Muslims and 12.5% were of other religion. In India majority of the population belongs Hinduism followed by Muslim and other religions. [5,16] Studies done in India had observed that majority of the caretakers were Hindus [13] whereas studies done outside India in Christian dominant countries had observed that majority of the caretakers were Christians.<sup>6,12</sup> In the present study majority i.e. 76.7% caretakers were married followed by 13.3% unmarried, 5.8% widowed and 4.2% divorced. This can be explained by the fact that in this part of the world, by the age of 30 years most of the peoples get married<sup>5</sup> and 86.6% caretakers in our study were above 35 years of age. Similar observations were also made in the other studies. [8,12]

Most of the caretakers i.e. 62.5% were from joint families compared to 37.5% who are from nuclear families. In our study majority of the caretakers were from rural areas and the joint family system is the most common type of family system in rural areas of India. [5,18] Some studies had also observed that majority of the caretakers were from joint families [19,20] whereas others had observed that majority of the caretakers were from nuclear families [13,21] which may be due to cultural differences.

Maximum percentage i.e. 56.7% of the caretakers in

the present study were illiterate whereas 43.3% who were literate. Shah STH et al had observed that majority of the caretakers were illiterate [8] whereas other studies had observed that the number of literate caretakers exceeds those illiterate. [4,6,10,13] This could be explained by the fact that compared to urban areas, rural areas have lower literacy rates [16,22] and majority of our patients were from rural areas. In this study 60% caretakers were unemployed and only 40% were employed. This could be explained by the fact that in rural areas employment rates are

lower as compared to urban areas [22] and majority of our studied caretakers were from rural areas. Other studies had also observed that majority of the caretakers were unemployed. [8,23,24] In the present study maximum percentage of the caretakers i.e. 45.9% were parents followed by 30.8% spouses, 15.8% siblings and 7.5% others. Parents are usually concerned about their illness and hence they themselves take up the role of caretaking. [25] Other studies had also observed that majority of the caretakers were parents. [4,11,12,13,14,20,21] However Geetha S and Sudhakaran MV had observed that spouse outnumbered parents as caretakers [10] which may be due to small sample size of only 30 caretakers and conduction of their study on caretakers of admitted patients.

The majority of the caretakers i.e. 59.2% were from the lower socioeconomic class whereas 30.8% and 10% were from middle and upper socioeconomic class respectively. Although there is correlation of depression with the socioeconomic status, [26] caretakers from higher socioeconomic classes prefer to take their patients to private psychiatric and neurologic clinics due to social stigma related to various mental disorders and mental health establishments. [27] Some studies had also observed results similar to us [28] whereas others had observed results opposite to us. [29]

### Conclusion

From present study, we conclude that majority of the caretakers of the patients suffering from depression were females, above 46 years of age with rural background, living in joint families, illiterate, unemployed and belongs to low socioeconomic class. So it is suggested that service providers, researchers, policy makers and planners should address the issues of these caretakers carefully so that the prognosis of depressive disorder can be improved.

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