



Quality of Life of Spouses of Patients with Schizophrenia in a Tertiary Care Hospital of Tripura: A Cross-Sectional Study

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ABSTRACT

Background

Caring for individuals with schizophrenia presents complex challenges that affect both the patient's and the caregiver's quality of life. This study aimed to evaluate the quality of life of spouses caring for schizophrenia patients at a tertiary healthcare center in Tripura, India.

Methods

A cross-sectional study was conducted from January 2020 to December 2021 at the Department of Psychiatry, Agartala Government Medical College (AGMC). The final sample included 120 spouses of schizophrenic patients. Data collection was done on socio-demographic details and quality of life. The WHOQOL-BREF questionnaire was used to measure quality of life. Data were analyzed using IBM SPSS (version 26), summarizing numerical variables as mean and standard deviation and categorical variables as counts and percentages. The mean score of domains was compared with the t-test/ANOVA test and a p-value <0.05 was considered significant.

Results

Among the 120 spouses, the majority were male (55%) with a mean age of 38.9±8.4 years. Most participants (34.2%) had partners suffering from schizophrenia for more than 15 years, followed by those affected for 6-10 years (32.5%). The social relationship domain had the lowest mean score (45.8±18.9), while the psychological domain had the highest mean score (65.3±5.9). The mean score of the physical and environmental domain was 58.9±3.9 and 49.5±13.9, respectively. The general quality of life (44.8±15.0) and general health (46.8±14.6) were also low among the participants.

Conclusion

This study provides important insights into the quality of life of spouses caring for schizophrenia patients, revealing a poor quality of life, particularly in the social relationship domain. Addressing the challenges in social relationships and enhancing overall quality of life can contribute to better care for both patients and caregivers.

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INTRODUCTION

The comprehensive impact of providing long-term care for individuals with schizophrenia, including the psychological, physical, and financial aspects, has been extensively documented.¹ Caring for individuals with schizophrenia presents a complex and demanding experience, impacting both the patient and the caregiver.² This condition typically emerges during the prime of adulthood and follows a chronic and sometimes progressive course, significantly disrupting productivity and psychosocial functioning, particularly in situations where access to healthcare services is limited. The responsibility of caregiving often falls on the family, with spouses shouldering the burden as India transitions from joint or extended family setups to nuclear families.^{3,4} The unique challenges faced by spouses as primary caregivers differ from those experienced by other potential caregivers. These challenges include a reduction in income, diminished intimacy or reciprocity within the marital relationship, and an increase in parenting responsibilities.

The World Health Organization (WHO) defines quality of life as the individual's perception of their position in life within the cultural and value systems of their environment.⁵ This perception is evaluated in relation to their goals, expectations, standards, and concerns. This definition encompasses both objective and subjective factors, including physical health, psychological well-being, social relationships, and environmental conditions. Quality of life is a multidimensional concept that extends beyond the absence of disease or infirmity. It incorporates the individual's personal satisfaction with life experiences, sense of purpose and fulfillment, and overall happiness and well-being. Recognizing the importance of quality of life, the WHO considers it an integral aspect of health and well-being, aligned with the broader objectives of health promotion and disease prevention.

Objectives

To evaluate the quality of life of spouses of schizophrenia patients receiving care at a tertiary healthcare center in Tripura, a north-

eastern state of India.

Material & methodology

Study design, setting & duration

This cross-sectional study was done from January 2020 to December 2021 at the Department of Psychiatry, Agartala Government Medical College (AGMC), Agartala, Tripura, India.

Sample size and sampling

A total of 125 schizophrenic patients were treated during the study period. However, after fulfilling inclusion and exclusion criteria, spouses of 120 schizophrenic patients were considered as the final sample size. Nonprobability sampling was done for the selection of participants.

Selection criteria

Participants were included based on the following criteria: 1) spouses of the patients with schizophrenia (according to ICD-10) attending OPD or admitted in IPD of the Department of Psychiatry of AGMC, 2) spouses of patients who are suffering from the disease for more than six months, and 3) spouses of patients consenting for the study.

Participants were excluded based on the following criteria: 1) history of alcohol and or drug addiction or abuse, 2) spouses who themselves had any systemic and chronic debilitating illness, 3) spouses with mental retardation.

Data collection and study tool

Semi-structured proforma was used for data collection, which had two sections. Section one collected data regarding the socio-demographic details of participants, whereas section two regarding the quality of life. WHOQOL-BREF questionnaire was used to measure the quality of life.

The WHOQOL-BREF is a short version of the WHOQOL-100 and includes 24 items in four domains, namely physical, psychological, social relationships, and environmental domain and two items about overall QOL and general health. The 26 items are scored from 1 to 5, and the scores of four domains are transformed into 0 to 100, with higher scores indicating better QOL.⁶

Data analysis

Collected data were entered into Microsoft Excel spreadsheet and then analyzed by IBM SPSS (version 26). Data had been summarized as mean and standard deviation for numerical variables and count and percentages for categorical variables. Categorical data was analyzed by proportions, percentage. The mean score of domains was compared with the t-test/ANOVA test. P-value <0.05 was considered statistically significant.

Ethical consideration

This study was approved by the Institutional Ethical Committee of Agartala Government Medical College. Informed written consent was taken from participants before enrolment and any abnormal value detected while conducting this study was communicated to the concerned subjects and directed for proper guidance and

management. The willing spouses of the patients with schizophrenia were offered psychiatric consultation through the OPD of the Department of Psychiatry and were followed up regularly. Data obtained from this study was kept confidential and used for research purposes only.

Results

Among the 120 spouses of schizophrenic patients, the majority were male (55%, 66/120), with a mean age of 38.9 ± 8.4 years. Most of the participants (34.2%) had schizophrenic partners who had been suffering for more than 15 years, followed by those who had been suffering for 6-10 years (32.5%).

The mean score of the quality of life of spouses of a schizophrenic patient across four domains and the two general questions are displayed in Figure 1.

Figure 1: Quality of life of spouse of schizophrenic patient

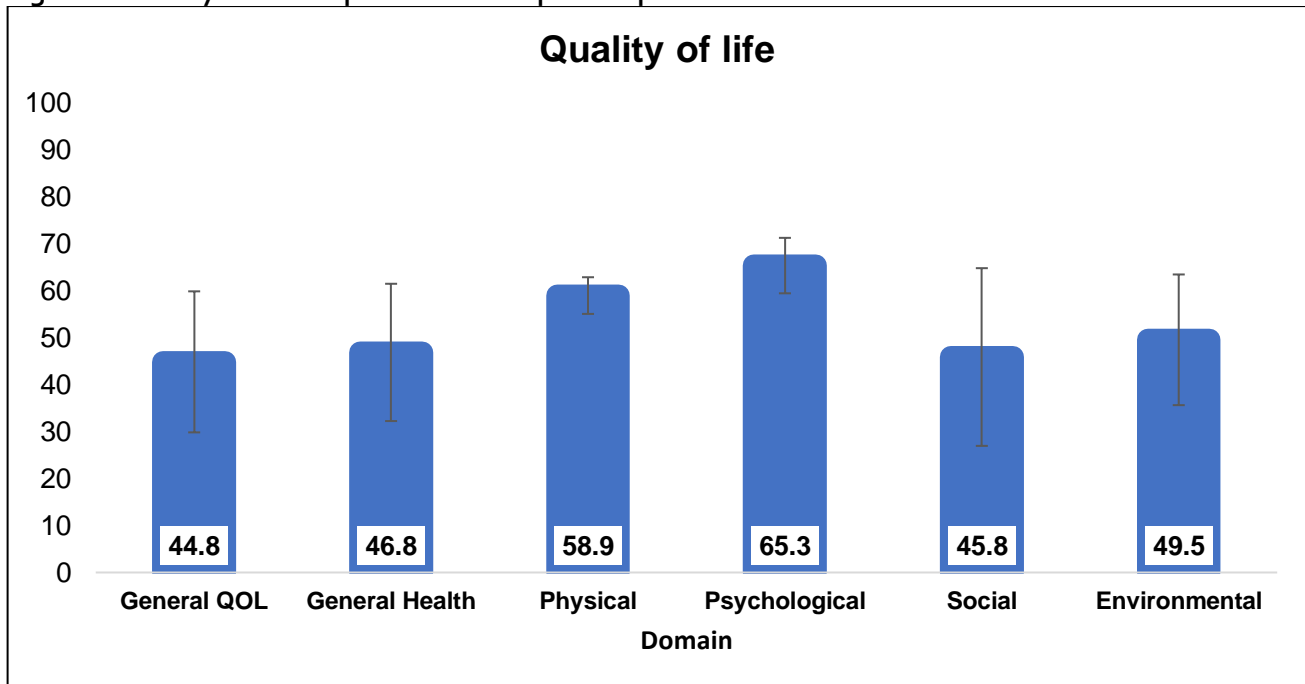


Table 1: Basic characteristics of participants (N=120)

Variables	Sub-Category	Frequency	Percentage
Age (in years)	≤30	30	25.0
	31-40	37	30.8
	41-50	29	24.2
	>50	24	20.0
Gender	Female	54	45.0
	Male	66	55.0
Religion	Hindu	72	60.0
	Muslim	19	15.8
	Christian	29	24.2
Ethnicity	Non-Tribal	72	60.0
	Tribal	48	40.0
Family	Nuclear	85	70.8
	Joint	35	29.2
Locality	Rural	42	35.0
	Semi-Urban	19	15.8
	Urban	59	49.2
Education	Graduates	6	5.0
	High-school	12	10.0
	10 th (Madhyamik)	41	34.2
	Primary	61	50.8
Occupation	Housewife	35	29.2
	Self-employee	62	51.7

	Government employee	23	19.2
Socio-economic status	Middle	23	19.2
	Lower-middle	60	50.0
	Lower	37	30.8
Duration of illness (in years)	≤ 5	23	19.2
	6-10	39	32.5
	11-15	17	14.2
	>15	41	34.2

Of the four domains, the social relationship domain had the lowest mean score (45.8 ± 18.9) and the psychological domain had the highest mean score (65.3 ± 5.9). General quality of life had the lowest score (44.8 ± 15.0) if we consider all four domains and the two general questions.

The mean score of domains was compared with the t-test/ANOVA test and reported in **Table 2**. We found that the mean score of psychological, social and environmental domain across age groups varied significantly. The mean score of all four domains were lower among females, while the scores of social relationship and environmental domains were significantly lower among females. The mean score of the psychological and environmental domain were significantly lower among participants practicing the Christian religion. The ethnicity of participants significantly affected the mean score in the physical and environmental domains, where it was lower among participants belonging to tribal ethnicity. The mean score in

the physical and social relationship domains was significantly higher among participants belonging to a nuclear family. Participants who were from semi-urban areas significantly had higher mean scores in physical and psychological domains, whereas participants from rural areas had significantly higher mean scores in social relationships and environmental domains. Participants from the middle socio-economic class had the highest mean score in all four domains; however, it was statistically significant in only the physical and environmental domains. If we consider the duration of illness, the mean score of the physical domain was significantly higher among the participants whose partners were suffering from Schizophrenia for >15 years, while the mean score of the psychological domain was significantly higher among the 11-15 years group and the mean score of the social relationship domain was significantly lower among the ≤5 years group.

Table 2: Comparisons of domain score across variables:

Variables	Domains			
	Physical	Psychological	Social	Environmental
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Age (in years)				
≤30	57.6 (3.0)	65.6 (3.0)	38.6 (13.7)	49.4 (5.31)
31-40	59.8 (3.5)	64.8 (2.8)	46.2 (17.8)	50.7 (11.3)
41-50	58.3 (5.0)	69.0(0.00)	57.1 (16.7)	53.4 (15.3)
>50	59.8 (3.6)	61.1 (10.9)	40.8 (22.9)	42.8 (20.7)
p-value	0.074	<0.001*	0.001*	0.044*
Gender				
Female	58.6 (3.4)	64.7 (7.8)	28.7 (7.7)	38.1 (12.5)
Male	59.2 (4.3)	65.8 (3.7)	59.9 (12.8)	58.8 (6.1)
p-value	0.438	0.308	<0.001*	<0.001*
Religion				
Hindu	59.1 (4.2)	66.9 (3.1)	46.0 (15.4)	52.8 (11.3)
Muslim	58.6 (3.5)	64.6 (2.7)	52.6 (20.2)	45.6 (12.9)
Christian	58.7 (3.5)	61.5 (9.8)	40.9 (24.6)	43.6 (17.9)
p-value	0.821	<0.001*	0.107	0.004*
Ethnicity				
Non-Tribal	59.3 (3.5)	66.0 (3.0)	47.3 (14.3)	52.4 (10.4)
Tribal	58.3 (4.4)	64.2 (8.5)	43.7 (24.3)	45.1 (17.3)
p-value	0.016*	0.099	0.308	0.005*
Family type				
Nuclear	59.4 (3.5)	64.9 (6.7)	48.2 (19.0)	48.7 (16.3)
Joint	57.7 (4.6)	66.1 (3.1)	40.2 (17.8)	51.4 (4.6)

p-value	0.036 *	0.336	0.035*	0.338
Locality				
Rural	57.5 (4.2)	66.1 (3.9)	51.2 (24.2)	51.7 (11.9)
Semi-Urban	61.2 (3.2)	69.0 (0.0)	49.8 (15.9)	41.9 (14.9)
Urban	59.2 (3.5)	63.5 (7.2)	40.8 (13.8)	50.4 (14.4)
p-value	0.002 *	0.001*	0.014*	0.030*
Education				
Graduates	63.0 (0.0)	69.0 (0.0)	56.0 (0.0)	63.0 (0.0)
High-school	60.1 (3.6)	66.5 (3.1)	53.5 (3.1)	63.6 (6.7)
10 th (Madhyamik)	58.4 (3.4)	64.5 (3.7)	42.0 (19.4)	48.9 (16.6)
Primary	58.9 (4.4)	67.5 (2.6)	48.8 (19.4)	47.9 (9.2)
p-value	0.017 *	<0.001*	0.001*	<0.001*
Occupation				
Housewife	60.0 (3.5)	67.8 (2.4)	31.9 (6.7)	36.9 (13.2)
Self-employee	57.9 (4.0)	63.4 (7.3)	52.4 (21.8)	51.9 (10.9)
Government employee	59.9 (3.5)	66.4 (3.0)	49.3 (10.1)	61.8 (5.7)
p-value	0.012 *	0.001*	<0.001 *	<0.001*
Socio-economic status				
Middle	59.9 (3.5)	66.4 (3.0)	49.3 (10.1)	61.8 (5.7)
Lower-middle	57.9 (4.1)	64.5 (7.7)	45.4 (21.9)	46.9 (15.8)
Lower	59.8 (3.5)	65.9 (3.1)	44.4 (17.8)	46.0 (9.9)
p-value	0.027 *	0.298	0.607	<0.001*
Duration of illness (in years)				
≤5	56.0 (4.1)	64.57 (5.35)	31.5 (15.9)	51.0 (8.9)
6-10	59.0 (5.0)	66.6 (7.01)	57.6 (10.7)	53.2 (10.1)

11-15	57.1 (3.9)	69.0 (4.7)	57.8 (10.6)	46.9 (12.5)
>15	60.7 (3.6)	63.0 (3.9)	41.3 (13.7)	47.4 (11.1)
p-value	<0.001*	0.004*	<0.001*	0.248

*Statistically significant

DISCUSSION

Our study aimed to assess the quality of life of spouses of schizophrenic patients from a tertiary care center of Tripura and to the best of our knowledge, this study was the first study in the state. The study findings reveal that the study participants had a mean general quality of life score of 44.8 ± 15.0 and mean general health quality of life score of 46.8 ± 14.6 . The lowest mean score was reported in the social relationship domain (45.8 ± 18.9), indicating that the social relationships of the study participants were most affected. These results are consistent with previous study of Sahu et al., which also reported that the social relationships domain was the most impacted among spouses or caregivers of schizophrenic patients.⁷ The persistent low score in the social relationship domain may be attributed to the time-consuming nature of caregiving, which limits opportunities to maintain social contacts outside the family. In addition, concerns about negative reactions from others, directed

Towards either the patients or the caregivers, may also negatively affect the social relationships of spouses.^{8,9} Among our study participants, the maximum score reflecting the better quality in the domain was obtained in the psychological domain, which contrasts with what Sahu et. found.

Our study has established a significant connection between the age of the participants and their quality of life. Specifically, we observed that spouses who were over 50 years of age experienced significantly lower quality of life in the psychological domain, indicating potential psychological challenges faced by older individuals in the context of their role as spouses. Additionally, these older spouses also displayed lower mean scores in the environmental domain, suggesting a diminished sense of satisfaction with their physical surroundings. However, in contrast to our findings, a study conducted by Yerriah et al. reported that older age was significantly associated with lower scores in the physical and social domains of quality of life.¹⁰ This disparity in results suggests that the

relationship between age and quality of life among spouses is multifaceted and may vary depending on various factors such as cultural context, support systems, and individual circumstances. Further research is warranted to comprehensively understand the complex interplay between age and quality of life among spouses.

This research has revealed a notable decrease in the overall quality of life experienced by female spouses, aligning with the findings reported by Kaushik and Bhatia, Sahu et al., and Sharma et al.^{7,11,12} Furthermore, Arun et al. have also highlighted a greater burden placed on female spouses compared to their male counterparts.¹³ Interestingly, in contrast to our own findings, which indicated that male participants exhibited higher quality of life in psychological and social aspects, a study conducted by Ribe et al. demonstrated lower quality of life in the psychological and social dimensions among young male caregivers who were also employed.¹⁴ Therefore, our research not only supports the existing evidence of reduced quality of life among female spouses, but also presents a novel perspective by highlighting potential gender differences in the experiences

of psychological and social well-being between male and female participants.

Our results showed a significant relation between the quality of life experienced by spouses and the duration of their partner's illness. Specifically, we found that among spouses whose partners had been suffering from an illness for less than five years, the quality of life in the physical domain was noticeably lower. On the other hand, spouses of patients who had been enduring their illness for more than 15 years exhibited a higher quality of life in the physical domain. A similar pattern emerged in the psychological domain, where spouses of patients suffering for less than five years reported significantly lower quality of life, while those whose partners had been battling their illness for

11-15 years reported higher quality of life. However, it is worth noting that our findings differ from the results reported by Angermeyer MC et al., who did not observe any association between the quality of life and the duration of illness.⁹ This disparity in results highlights the complex nature of the relationship between illness duration and quality of life for spouses, and suggests the need for further investigation to understand these dynamics better.

LIMITATIONS

One limitation of the present study was that it only included spouses of patients with schizophrenia and did not include a control group. Future studies should compare the quality of life of spouses of schizophrenic patients with that of spouses of patients with other psychiatric disorders to determine if the impact on quality of life is unique

to schizophrenia. One limitation was that the study was conducted in a single center, which may limit the generalizability of the findings.

CONCLUSION

In conclusion, the present study provides important insights into the impact of schizophrenia on the quality of life of spouses and it shows they had a poor quality of life, particularly in the social relationship domain. The findings of this study have significant implications for mental health professionals, policymakers, and the families of individuals with schizophrenia. The findings suggest that interventions are needed to improve the quality of life of spouses of schizophrenic patients, particularly in the social relationship domain. Future research should explore the efficacy of such interventions.

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