

A Study to Assess the Level of Caregiver Burden Among Family Members of Alcohol Dependence Patients Attending Psychiatry OPD at Govt.Doon Medical College and Hospital, Dehra Dun

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Abstract: Alcohol dependence is a major public health problem that affects not only individuals but also their families. Caring for a person with alcohol dependence often places a significant physical, emotional, and social burden on family members. The Objectives of the study is to assess the level of caregiver burden among family members of patients with alcohol dependence and determine its association with selected socio-demographic variables. A quantitative, non-experimental descriptive survey design was adopted. Using a non-probability purposive sampling technique, 120 family members of patients with alcohol dependence were selected. Data were collected using a self-structured socio-demographic questionnaire and the Zarit Caregiver Burden Scale. The Results found that 3.34% of caregivers had little or no burden, 32.50% had mild to moderate burden, 53.33% had moderate to severe burden, and 10.83% had severe burden. No statistically significant association was found between caregiver burden and the selected socio-demographic variables ($p > 0.05$) concluded that the majority of family members experienced moderate to severe caregiver burden. The findings highlight the need for caregiver support and family-focused interventions to reduce burden and improve caregivers' well-being.

Keywords: Caregiver Burden, Family Members, Alcohol Dependence, Zarit Caregiver Burden Scale

1. INTRODUCTION:

The World Health Organization (WHO, 2024) states that alcohol usage is still one of the top avoidable causes of illness and mortality in the globe.

Alcohol use is thought to be the cause of 2.6 million fatalities annually. Men account for about 2 million of these deaths, demonstrating the higher burden of alcohol-related harm in men. More than 200 illnesses, traumas, and medical disorders, including as cancer and liver disease, are caused by alcohol.

Alcohol consumption is a major public health crisis in India, 22.4% of men (15-49) consume alcohol as of 2019-21, and over 663 million litres consumed annually. Alcohol causes roughly 1.4 lakh liver cirrhosis deaths annually and 30,000 cancer deaths, with 40% of road accidents linked to it. Alcoholism can result in a disregard for significant obligations, including those at work, home, and in society. Drinking alcohol may affect a person's relationships with friends and family: **International Institute for Population Sciences (2021)**

2. OBJECTIVES :

- To assess the level of care giver burden among family members of alcohol dependence patients.
- To find out the association between level of care giver burden with their selected demographic variables.

3. RESEARCH APPROACH:

Research approach is a plan and procedure that consist of the step of board assumption to detailed methods of data collection, analysis and interpretation, it is therefore based on the nature of data research problem being addressed.

The research approach used in this study is Quantitative Research Design, in this type data is collected in numerical form and analysed by using differential and statistical statistics.

- **RESEARCH DESIGN:**

Research design is a frame work or blueprint for conducting the research project. It details the procedures necessary for obtaining the information needed to structure or solve research problem.

In this research study, descriptive study design is used. It is the most widely used research design as indicated by thesis, dissertations and research report of institutions.

- **SETTING OF THE STUDY**

The study was conducted at Govt. Doon Medical College and Hospital, Dehradun, U.K.

- **TARGET POPULATION**

The target population in the present study includes the family members of Alcohol Dependence Patients, Dehradun.

- **SAMPLE**

Sample may be defined as representative unit of a target population which is to be worked upon by research during their study.

In the present study, the sample were 120 family members of alcohol dependence patients attending Psychiatry OPD at Govt. Doon Medical College and Hospital, Dehra Dun.

- **SAMPLE SIZE**

120 samples who fulfilled the required characteristics of population.

- **SAMPLING TECHNIQUE**

Sampling technique refers to the process of selecting the portion of population to represent the entire population. Subjects were selected from the sampling frame to achieving non probability sampling.

According to the sampling technique, purposive sampling technique was adopted to select 120 family members of alcohol dependence patients.

- **DATA COLLECTION PROCEDURE:**

Structured questionnaire methods consisting of two parts

Section A. Demographic variable

Items on demographic variables are Age, Gender, Education status, Marital status, Occupation, No. of family members, type of family.

Section B. Care giver Burden Assessment Scale

Zarit Caregiver Burden Assessment (Developed by Zarith, Reeve, and Bach- Peterson 1980)

5. FINDINGS / RESULTS:

SECTION- A

Table No.1 (a) Frequency and Percentage distribution of socio demographic variables of family members.
N=120

S.No	Demographic Variables	Categories	Frequency	Percentage (%)
1.	Age in Years	18-28	23	19.16
		29-39	21	17.5
		40-50	45	37.5
		Above 50	31	25.83

2.	Marital Status	Married	101	84.16
		Unmarried	19	15.83
3.	Gender	Male	65	54.16
		Female	55	45.83
4.	Educational Qualification	No formal education	28	17.5
		Primary	34	28.33
		Secondary	35	29.16
		Graduate & Above	30	25
5.	Occupation	Govt. employee	18	15
		Pvt. Employee	43	35.83
		Self employed	52	43.33
		Unemployed	07	5.83
6.	Type of Family	Joint Family	72	60
		Nuclear Family	48	40
7.	No. Of Family Members	1-2	16	13.33
		3-5	47	39.16
		5-6	42	35
		>7	15	12.5

The majority of caregivers belonged to the 40–50 years age group 45, (37.5%), followed by the above 50 years age group 31, (25.83%). Caregivers aged 18-28 years constituted 23 (19.16%), while 21 (17.5%) were in the 29-39 years age group most caregivers were married 101 (84.16%), whereas only 19 (15.83%) were unmarried. 65 (54.16%) caregivers were male and 55 (45.83%) were female, indicating a slightly higher proportion of male caregivers. The largest proportion of caregivers had secondary education (35, 29.16%), followed by primary education (34, 28.33%). Thirty (25%) caregivers were graduates and above, while 21 (17.5%) had no formal education and were self-employed (52, 43.33%), followed by private employees (43, 35.83%). Government employees constituted 18 (15%) of the sample, while only 7 (5.83%) caregivers were unemployed a majority of caregivers belonged to joint families (72, 60%), whereas 48 (40%) belonged to nuclear families the largest proportion of caregivers belonged to families consisting of 3–4 members (47, 39.16%), followed by 5–6 members (42, 35%). Families with 1–2 members accounted for 16 (13.33%), while 15 (12.5%) caregivers belonged to families with more than 7 members.

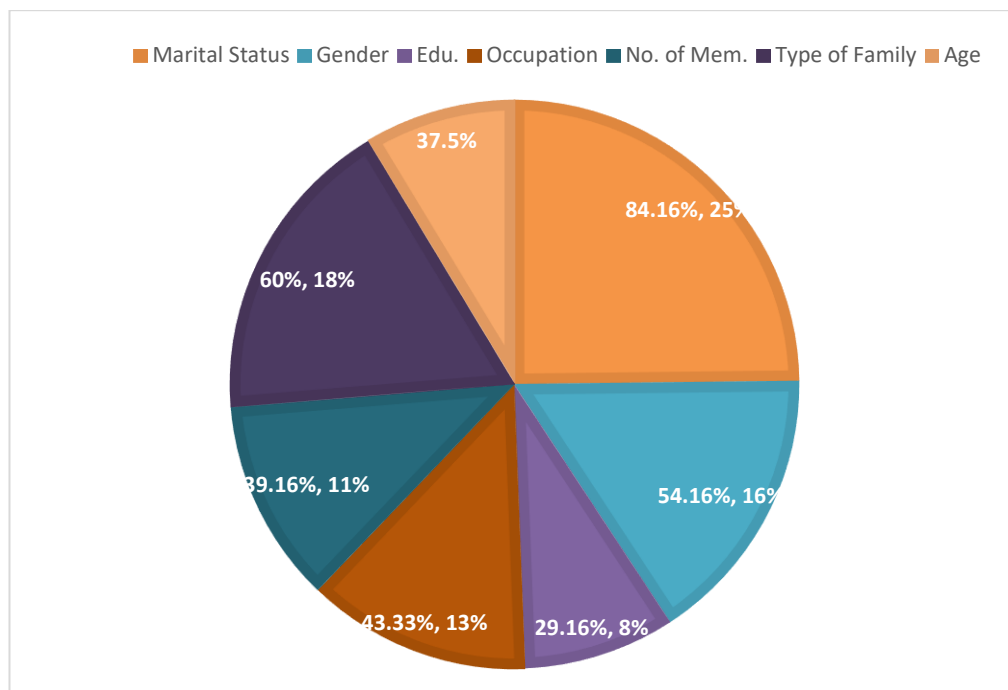


Fig.1.1 Diagrammatic representation of frequency and percentage of distribution of socio demographic variables of caregivers (N=120)

SECTION -B

Table No. 2. Frequency and percentage distribution of level of Burden (Zarith Caregiver Burden Scale
N=120

S. No	Assessment Scale	Categories	Frequency	Percentage (%)
1.	Zarith Caregiver Burden Scale	No Burden	4	3.34
		Mild to moderate burden	39	32.5
		Moderate to severe burden	64	53.33
		Severe caregiver Burden	13	10.83

The mean score to Zarith Caregiver Burden Scale to participants was 43.95 ± 12.65 . Minority of the caregivers (3.34%) had little or no burden, 32.5% had mild to moderate burden, majority of caregivers (53.33%) had moderate to severe burden and only (10.83%) had severe burden in this study.

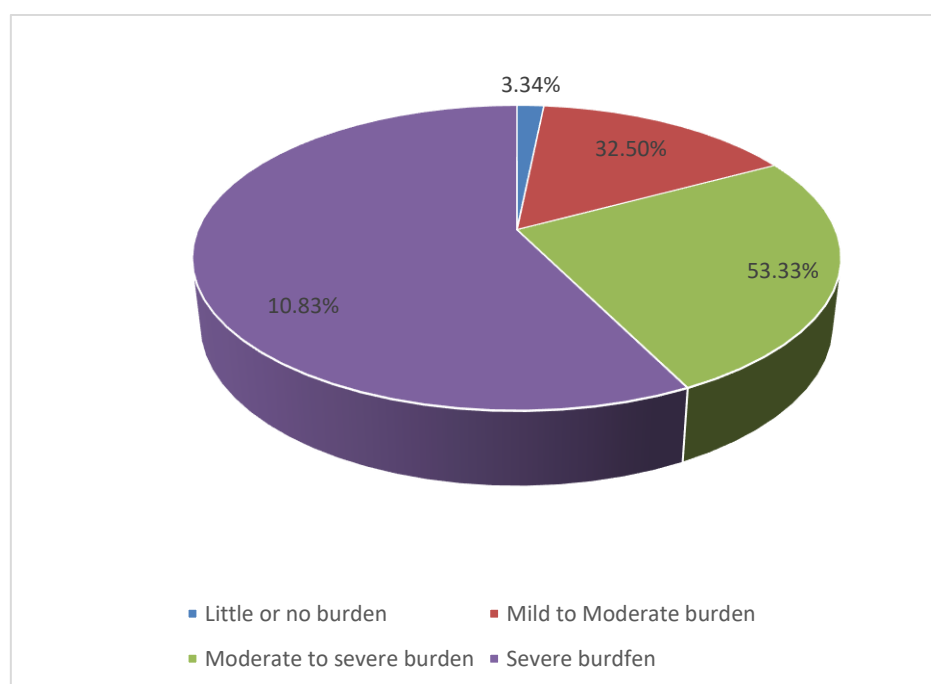


Fig.1.2 Overall frequency and percentage distribution of Level of burden (N=120)

SECTION -C

Table No.3 Frequency Percentage Distribution of Items of Family Members According to their Selected Socio Demographic Variables
N=120

S.no	Demographic Variables	No Burden		Mild Burden		Moderate Burden		Severe Burden	
		F	%	F	%	F	%	F	%
1.	AGE IN YEARS								
	• 18-28	2	8.7	7	30.4	13	56.5	1	4.3
	• 29-39	0	0.0	4	23.5	12	70.6	1	5.9
	• 40-50	0	0.0	12	33.3	19	52.8	5	13.9
	• Above 50	2	4.8	14	31.8	23	52.3	5	11.4
2.	MARITAL STATUS								
	• Married	4	4	24	24	60	60	12	12
	• Unmarried	0	0	10	50	09	45	01	5

3.	GENDER								
	• Male	1	1.5	20	30.3	40	60.6	5	7.6
	• Female	3	5.6	15	27.8	29	53.7	7	13
4.	EDUCATION								
	• No formal education	0	0	6	30	11	55	3	15
	• Primary								
	• Secondary	0	0	9	21.4	30	71.4	3	7.1
	• Graduate & above	2	5	11	27.5	22	55	5	12.5
		2	7.14	9	32.14	15	53.57	2	7.14
5.	OCCUPATION								
	• Govt. employee	1	5.2	6	31.57	10	52.63	2	10.52
	• Pvt. employee	1	2.6	12	31.57	23	60.52	2	5.26
	• Self employed	2	3.38	17	28.81	31	52.54	9	15.25
	• Unemployed	0	0	0	0	4	100	0	0
6.	TYPE OF FAMILY								
	• Joint Family	3	4.16	21	29.16	40	55.55	8	11.11
	• Nuclear Family	1	2.08	14	29.16	28	58.33	5	10.41
7.	No. Of family Members								
	• 1-2	1	5.88	6	35.29	9	52.94	1	5.88
	• 3-4	1	2.12	13	27.65	29	61.70	4	8.51
	• 5-6	2	5	10	25	23	57.5	5	12.5
	• >7	0	0	6	37.5	8	50	2	12.5

- A. The percentage distribution of caregiver burden according to their age group**—the majority of caregivers in all age groups experienced moderate burden. Among caregivers aged 18–25 years, 56.5% had moderate burden, 30.4% had mild burden, 8.7% had no burden, and 4.3% had severe burden. In the 26–35 years age group, 70.6% reported moderate burden, which was the highest among all age groups. Similarly, 52.8% of caregivers aged 36–45 years and 52.3% of those aged 46–55 years experienced moderate burden. Severe burden was more common among caregivers aged 36–55 years.
- B. The percentage distribution of caregiver burden according to their marital status**, most married caregivers experienced moderate burden (60%), followed by mild burden (24%), severe burden (12%), and no burden (4%). Among unmarried caregivers, 45% had moderate burden, 50% had mild burden, and 5% had severe burden, while none reported no burden.
- C. The percentage distribution of caregiver burden according to their gender**, the majority of both male (60.6%) and female (53.7%) caregivers reported moderate burden. Mild burden was reported by 30.3% of males and 27.8% of females. Severe burden was slightly higher among females (13%) compared to males (7.6%).
- D. The percentage distribution of caregiver burden according to their education**, moderate burden was the most common level across all educational categories. Among caregivers with no formal education, 55% experienced moderate burden and 15% severe burden. Caregivers with primary education showed the highest proportion of moderate burden (71.4%). Among those with secondary education, 55% had moderate burden and 12.5% severe burden. Similarly, 53.57% of caregivers who were graduates or above reported moderate burden, while 32.14% experienced mild burden.
- E. The percentage distribution of caregiver burden according to their occupation**, the majority of caregivers in all occupational groups experienced moderate burden. Among government employees, 52.63% reported moderate burden, 31.57% mild burden, 10.52% severe burden, and 5.2% no burden. Similarly, among private employees, 60.52% experienced moderate burden, 31.57% mild burden, 5.26% severe burden, and 2.6% no burden. Among self-employed caregivers, 52.54% had moderate burden, 28.81% mild burden, 15.25% severe burden, and 3.38% no burden. Notably, all unemployed caregivers (100%) reported moderate burden, with none experiencing no burden, mild burden, or severe burden.
- F. The percentage distribution of caregiver burden according to their type of family**, moderate burden was the most commonly reported level among both joint and nuclear families. Among caregivers belonging to joint families, 55.55% experienced moderate burden, 29.16% mild burden, 11.11% severe burden, and 4.16% no burden. Similarly,

among caregivers from nuclear families, 58.33% reported moderate burden, 29.16% mild burden, 10.41% severe burden, and 2.08% no burden.

G. The percentage distribution of caregiver burden according to their number of family members, moderate burden was also the most common level across all family-size categories. Among caregivers from families with 1–2 members, 52.94% experienced moderate burden, 35.29% mild burden, 5.88% severe burden, and 5.88% no burden. In families with 3–4 members, 61.70% reported moderate burden, 27.65% mild burden, 8.51% severe burden, and 2.12% no burden. Among caregivers from families with 5–6 members, 57.5% experienced moderate burden, 25% mild burden, 12.5% severe burden, and 5% no burden. Similarly, among caregivers from families with more than 7 members, 50% reported moderate burden, 37.5% mild burden, and 12.5% severe burden, while none reported no burden

6. CONCLUSION :

A descriptive study was undertaken among 120 family members of alcohol dependence patients to assess caregiver burden attending psychiatry OPD at Govt. Doon Medical College and Hospital, D. Dun, with the objective to assess the level of care giver burden among family members of alcohol dependence patients and to find out the association between level of care giver burden with their selected demographic variables.

A conclusion was derived from the finding of the study. It can be concluded that most family members of patients with alcohol consumption exhibit (3.34%) of little or no burden, 32.5% had mild to moderate burden, majority of caregivers (53.33%) had moderate to severe burden and only (10.83%) had severe burden.

7. LIMITATIONS:

- The difficulty in generalizing findings due to limited sample size and specific contexts.
- Care giver burden can be influenced by social and cultural factors, which may not be adequately accounted for in some studies.
- Research on care giver burden among specific subgroups of family members (eg. Children, spouses, siblings) may be limited.

8 . RECOMMENDATIONS:

- The study should be replicated on a large sample and in different settings for generalization.
- A similar study can be replicated by using an experimental research study design.
- A similar study with a short case study design can also be done.

REFERENCES:

1. World Health Organization. (2024). Global status report on alcohol and health and treatment of substance use disorders. Geneva: World Health Organization.
2. World Health Organization. (2024). Alcohol. <https://www.who.int/news-room/fact-sheets/detail/alcohol>
3. International Institute for Population Sciences (IIPS), & ICF. (2021). National Family Health Survey (NFHS-5), 2019–21: India Report. Mumbai, India: IIPS.
4. Ministry of Health and Family Welfare. (2021). National Family Health Survey (NFHS-5), 2019–21. New Delhi: Government of India.
5. Zarit SH, Reever KE, Bach-Peterson J. Relatives of the impaired elderly: Correlates of feelings of burden. *Gerontologist*. 1980;20(6):649–655. (Reference for the Zarit Caregiver Burden Scale)