HAWASSA UNIVERSITY

COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCE

DEPARTMENT OF PSYCHOLOGY

MA THESIS

THE PREVALENCE AND ASSSOCIATED FACTORS OF PSYCHOLOGICAL DISTRESS AMONG CAREGIVERS OF PEOPLE WITH SCIZOPHERNIA AT HAWASSA UNIVERSITY COMPREHENCIVE SPECIALIZED HOSPITAL OUT PATIENT, ETHIOPIA

By: MEKDELAWIT WORKNEH

JUNE, 2024

HAWASSA, ETHIOPIA

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BY: MEKDELAWIT WORKNEH

ADVISOR: ADANE WAKO (ASSISTANT PROFESSOR)

THESIS SUBMITTED TO HAWASSA UNIVERSITY, DEPARTMENT OF PSYCHOLOGY, SCHOOL OF GRADUATE STUDIES, HAWASSA UNIVERSITY, HAWASSA, ETHIOPIA

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS (MA) IN COUNSELING PSYCHOLOGY

JUNE, 2024

HAWASSA, ETHIOPIA

Declaration

I Mekdelawit Workneh hereby declare that this MA Thesis is entitled on **The Prevalence and Associated Factors of Psychological Distress Among Caregivers of People with Schizophrenia at Hawassa University Comprehensive Specialized Hospital**" is my original work and has not been presented for a degree in any other university, and all sources of material used for this thesis have been duly acknowledged.

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This is to certify that the thesis entitled "**The Prevalence and Associated Factors of Psychological Distress Among Caregivers of People with Schizophrenia at Hawassa University Comprehensive Specialized Hospital**" submitted in partial fulfillment of the requirements for the degree of Master of Arts (MA) with specialization in Counseling Psychology, the Graduate Program of the Department of Psychology, and has been carried out by Mekdelawit Workneh Demse, ID. No GPCoPSR/0008/15, under my supervision. Therefore, I recommend that the student has fulfilled the requirements and hence hereby can submit the thesis to the department for defense.

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Adane Wako(Ass.P)		28/09/2016 E.C
Name of Major Advisor	Signature	Date
Adamu Assefa (PhD)		28/09/2016E.C
Name of Internal Examiner I	Signature	Date
Deribe workinh (PhD)		28/9/2016EC
Name of Internal Examiner II	Signature	Date
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ACKNOWLEDGMENTS

First and foremost, I would like to thank the Almighty God and Saint Marry for Their mercy and assistance for everything in life. I would like to thank Hawassa University College of education and behavioral science department of psychology for approving the title and giving me this opportunity to do this research and for all the support, provided to me.I am truly grateful to my advisor Mr.Adane Wako (Assit. Professor) for giving me his precious time to guidance and comments for every step of the way for this thesis. Next I would like to offer my gratitude to my dearest friend Ruth Abrham for her invaluable support. My special appreciation goes to my Mother and Father for being my biggest supporter in life and believing in me. Last but not least my gratitude goes to the patient's caregivers who were willing to provide me with the necessary information for the study and I would like to thank Hawassa University Comprehensive Specialized Hospital.

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ACRONYMS AND ABBREVIATIONS

AMSH - Amanuel Mental Specialized Hospital

CI-Confidence interval

DSMV-Diagnostic and Statistical Manual for Mental Disorder Fifth edition

EMHSUA- Ethiopian Mental Health Service Users Association

EPI – Environmental Performance Index

HICs-High income countries

MOH-Ministry of Health

MSc– Masters of Science

OSS-3-Oslo 3 Items Social Support Scale

PSS - Perceived Stress Scale

PWMI– People with mental illness

SPSS – Statistical Package for the Social Science

ABSTRACT

Psychological Distress is conceptually defined as a unique, discomforting, emotional state experienced by an individual, in response to a specifics stressor or demand that results in harm either temporary, or permanent to the person. The objective of this study is to assess the prevalence and associated factors of psychological distress among family caregivers of people with schizophrenia at Hawassa University comprehensive specialized hospital outpatient, Ethiopia, 2023-2024. Facility based cross-sectional study was conducted in Hawassa university comprehensive specialized hospital from December, 2023-April 2024 with a total sample size of 422.cross sectional study design and non-probable sampling were used for the Questionnaire was developed from different literatures.. Data were gathered through face to face interview by data collectors trained for the study. Additional information required for the study was taken from patients' card. SPSS version 20 was used for enter data and analysis. Binary and multiple logistic regressions were conducted with 95% confidence interval (CI) and adjusted odd ratio (AOR) was used to finally interpret the result. The prevalence of psychological distress among caregivers of people with schizophrenia was found to be 56%. Findings of this study showed being female, age group of 30 and above educational status of both caregiver and the patient, occupation, duration of caregiving and the illness and having low social support and in addition being stigmatized were also found to be significantly associated with psychological distress. This study demonstrates the need of paying attention to and being concerned about caregivers of patients with schizophrenia because these individuals are susceptible to psychological discomfort, experiencing stigma, and having little social support because of their caregiving responsibilities.

***Keyword**: psychological distress, caregivers, schizophrenia, Ethiopia*

CHAPTER ONE

1. INTRODUCTION

1.1 Background

According to (Mirkowsky & Ross, 2002) psychological distress is defined as a distinct, uncomfortable emotional state that a person experiences in response to a particular stressor or demand that causes them to suffer either temporary or permanent harm. psychological distress is a condition of extreme emotional suffering marked by depressive symptoms like melancholy and hopelessness and anxious symptoms like restlessness and tension Suicidal thoughts and loss of interest in things are also considered signs of psychological distress, these signs and symptoms could be related to physical complaints (headaches, tiredness, insomnia) that are likely to differ between cultures (Weaver, 1995).

A mental disorder, also called a mental illness or psychiatric disorder, is a mental or behavioral pattern or anomaly that causes either suffering or an impaired ability to function in ordinary life (disability), and which is not developmentally or socially normative. Mental disorders are generally defined by a combination of how a person feels, acts, thinks or perceives. This may be associated with particular regions or functions of the brain or rest of the nervous system, often in a social context. The causes of mental disorders are varied and in some cases unclear, and theories may incorporate findings from a range of fields (Stein, et al, 2010).

Schizophrenia is one of the serious mental health problems characterized by clinical syndrome of variable, but profoundly disruptive, psychopathology that involves cognition, emotion, perception, and other aspects of behavior. Schizophrenia is defined and diagnosed based on DSM-V criteria as two or more of the following each present for a significant portion of time

during a one month period or less if successfully treated at least one of these must be (1) (2) or (3) : 1.delusions,2 hallucinations ,3 disorganized speech,4 grossly disorganized or catatonic behavior , 5-negative symptoms (i,e dimensioned emotional expression or avoltion) continious signs of the disturbance persist for at least six month which must include one month of symptom and cause marked change in functioning(DSM-V,2013).

Caregiver is a paid or unpaid member of a person social network who helps them with activities of daily living. Since they have no specific professional training, they are often described as informal caregivers.Family Caregiver is any relative, partner, friend or neighbors who provide assistance related to an underlying physical or mental disability for at home care delivery and assist in the activities of daily living who are unpaid and have no formal training to provide these services (Schulz, et al, 2012).

1.2 Statement of the problem

New cases of schizophrenia come to psychiatric ward every day and being a caregiver to schizophrenic patient is hard and the caregiver deals with several types of problems like psychological distress, stigma, lack of social support, etc.…I witnessed several cases when as I was first Degree student in practicums also as a counselor a dialed with many cases with caregivers, so those indicated to investigate for what are the prevalence and associated factors of psychological distress among caregivers o

In Ethiopia there is little known about mental illness, it is believed to be a demon possession in many places? This affects not only the patient but also the social life of the caregiver putting him in additional stress. Caring for people living with mental illness demands energy, time,

finance and other resources from caregivers, they suffer twice more than the general population (WHO, 2003).

There are a variety of theories as to why family caregivers of individuals with schizophrenia experience psychological distress. Some of them are motivated by worry about the person's future as well as fear or uncertainty that the mental illness will persist forever. Financial strain due to the high cost of medical bills and other treatments. Caregivers frequently don't get enough alone time to reflect on their own needs. Few research have been done in Ethiopia on these topics, despite the fact that numerous studies have demonstrated that family caregivers of mentally ill individuals have a lower quality of life and a high prevalence of psychological distress.

According to a study done in Dessie Referral Hospital (ETHIOPIA), the prevalence of poor quality of life among family caregivers of patients with mental illness as 47.5%, and the factors that were stated were significantly associated with poor quality of life among family caregivers of patients with mental illness at Dessie Referral Hospital. These factors include marital status, educational status, and relationship with the patient, social support, and perceived stigma. Specifically, the odds of having poor quality of life among divorced caregivers of patients with mental illness were nearly three times higher compared to married participants. Based on these assumptions and findings, this study intended to answer the following questions.

A study conducted in jimma found that the prevalence of depression among primary caregivers was19%. Depression among caregivers was associated with giving care more than six hours per day and caring for a patient who had two or more episodes of suicidal attempts. The prevalence of depression among female caregivers was higher than that of the male caregivers (Derajew,et ,al. 2017)

Research question

1. What is the prevalence of psychological distress of caregivers of Schizophrenic patients at Hawassa University Specialized Comprehensive Hospital?
2. Is there any relationship between socio demographic and psychological distress among caregivers?
3. Is there any relationship between received social support and psychological distress among caregivers?
4. Are there any relationships between stigma and psychological distress among caregivers?

1.3 OBJECTIVE OF THE STUDY

1.3.1 General Objective

• The general objective of this study is to assess the prevalence and associated factors of psychological distress among family caregivers of people with schizophrenia at Hawassa University comprehensive specialized hospital outpatient, Ethiopia.

1.3.2 Specific Objective

- To describe the prevalence of psychological distress among family caregivers of people with schizophrenia at Hawassa University specialized comprehensive hospital outpatient, Ethiopia.
- To identify if there is relationship between socio-demographic factors and psychological distress among family caregivers of people with schizophrenia.
- To identify if there is any relationship between social support and psychological distress among caregivers?

- To identify if there are any relationships between stigma and psychological distress among caregivers?

1.4 Significance of the study

The aim of the study is important to obtain information about prevalence of psychological stress of caregivers and the associated factors Therefore, this study assess whether these various factors are found to be associated with psychological distress like socio-demographic factors, stigma, low social support whether they are related or not to with the distress and to determine the prevalence.. So this study will be helpful to understanding and giving solution by providing relevant information that could help in future intervention.

This study will help to provide base line data for suggesting appropriate prevention and strategies. As far as researchers concerned there is only one published researches done in Ethiopia about psychological distress among caregivers of people with schizophrenia. So this research will deliver important information to other researchers who are interested to conduct on the same topic.

Policy makers can use the result obtained from this research as baseline information for formulating guidelines and identifying effective strategies to control glucose level. This will help in reducing psychological distress and related burden on the caregivers.

Result obtained from this study will also be used as reference for other researchers.

1.3 Limitation of the study

This study has its own limitations. The cross-sectional nature of the study does not capture the changing in dynamics related to caregivers that is experienced at different point of time and also convenience sampling can be bias this research was using a single data analysis method and used non probable sampling and quantitative method but probable data sampling and mixed approach would have been better. The variables which were not included were also a factors in the study like positive and negative symptoms of the patient place of residence of the caregivers, current substance use, and marital status.

1.4 Operational definition

- **Psychological distress:** Psychological distress in caregivers is understood as mood disorders such as anxiety, depression, and feelings of loneliness, isolation, anxiety, and mild stress when caring for a sick person.

In this study Total score of psychological distress scale more than or equal to 10 is considered as distressed. (WHO, 1994).The total score of the scale less than or equal to 9 is considered as non-distressed.

- **Caregivers:** in this study caregivers are peoples who take care of people with schizophrenia outpatients HUCMHS. They may be parents, spouses, children's, siblings, fathers, friends or they may have other kinds of relationship with the patient.
- **Social support: Oslo 3 Items Social Support Scale (OSS-3)**

It consists of three items assessing the level of social support. The OSLO-3 sum score can be operationalized into three broad categories of social support. The assessment result ranges from 3–8 is "poor support", 9–11 is "moderate support" and 12–14 is "strong support" (Meltzer H. 2003).

- **Stigma Experience Scale the Family Version**

The seven items for a scale score ranging from 0 to 7 so the increase in the score of scale shows that respondents are experiencing more stigma and low scores show that respondents are experiencing lower levels of stigma. (Stuart, et al 2008),

CHAPTER TWO

2. LITERATURE REVIEW

2.1 Overview of Psychological distress

A general definition of psychological distress (PD) is a state of emotional suffering marked by signs of anxiety (such as restlessness and tension) and depression (such as loss of interest, unhappiness, and desperateness). In addition, it is typified by other physical symptoms that may differ from place to place, such as headaches, fatigue, and insomnia (Horwitz, et al 2002).

Psychological distress is defined as "an undifferentiated group of symptoms ranging from anxiety and depression symptoms to functional impairment, personality traits (confusing, troubling), and behavioral problems" (2) in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5, 2013).

2.2 Prevalence of psychological distress among caregivers of people with schizophrenia

Family caregivers provide care to a family member who needs care regularly, caregiving is a very hard task to the caregiver as it requires many resources which might be time, money, attention and so many others. Moreover, these informal caregivers have got no formal studies on what is expected from them and what they should expect on this journey. This would eventually lead the caregiver to get stressed and might also affect their bio psychosocial integrity, in turn, this will affect the care they provide to the patient. (Vincent, et al, 2010).

Mental illness impairs one's capacity for sound decision-making, family caregivers of mentally ill individuals often provide the patient with additional emotional and cognitive support. In some cases, the caregiver may even be required to make decisions on behalf of the patient in

all other areas as well. These caregivers face numerous difficulties in their daily lives. Providing care for people with mental illness takes a lot of time and work. However, these problems are frequently disregarded as signs of physical symptoms or fatigue. (Young, et al, 2004).

Caring for people living with mental illness demands energy, time, finance and other resources from caregivers, they suffer twice more than the general population. The family caregivers bear with the behavioral disturbances of the ill family members and sometimes can also be a target of the patient's abusive or violent behavior. They have to curtail on their social and leisure activities, and sometimes have to take leave from their jobs. In addition, they have to meet the financial needs of the ill member besides meeting the treatment costs (WHO, 2003).

In a study participants, 79.84% of caregivers of schizophrenic patients in Nigeria were found to be experiencing emotional distress (Yesuf & Nuhu, 2011).The prevalence of depression in caregivers of individuals with schizophrenia was found to be significantly higher than in the control group, according to a comparative study. Based on DSM-V criteria, approximately 18.33% of primary caregivers were confirmed to have depressive disorders. According to another comparative study on the same topic, caregivers of patients with schizophrenia experienced significantly higher scores than healthy controls, indicating that caregivers experienced greater overall psychological distress (Mitsonis et al, 2012).

Based study carried out in Psychiatry Department of Khyber Teaching Hospital (Pakistan), Peshawar on psychological distress among caregivers of schizophrenic patients, out of the total Majority of the caregivers (72%) were found to have a score of 9 or more on psychological distress scale (SRQ-20) and were found to be distressed this indicates higher levels of psychological distress among the caregivers (Shah, et al, 2013).

A study done on the mental health of Latino caregivers confirmed that from the total participants of the study (40%) of the caregivers were presented to meet the criterion for being at risk of depression (that is, a score of 16 or higher on the Center for Epidemiologic Studies–Depression CES-D scale) (Magana et al, 2007).

The prevalence of high expressed emotion among caregivers of schizophrenic patients Jimma University Medical Center Psychiatry Outpatientwas41.2%, and the factors associated with high expressed emotion were the caregiver's age, gender, education level, and the patient's number of hospital admissions (Yimam,et, al 2022. The study's findings suggest that there is a high level of expressed emotion among caregivers of schizophrenic patients in Ethiopia. The study highlights the need for healthcare systems to design proper strategies to address caregivers' needs. Mental health professionals are supposed to assess expressed emotion among caregivers of a schizophrenic patient and conduct psychotherapy to promote the capability of family caregivers to reappraise their situations and experiences, so that they can more effectively manage the stress of caregiving situations of their family members with schizophrenia.

2.2 Schizophrenia

There are various definitions of mental illness, each focusing on different aspects of the condition. However, they all agree that mental illness involves disturbances in cognitive, emotional, and behavioral functioning. These disturbances can manifest in different ways for each person, making mental illness a highly individualized experience. It is important to note that mental disorders are not the result of personal weakness or lack of character. They are legitimate medical conditions that require appropriate diagnosis, treatment, and support. Untreated mental illness can have serious consequences. These may include premature mortality, unemployment, poverty, homelessness, interpersonal conflict, substance abuse and

addiction, psychosomatic symptoms, and even suicide (Naito et al., 2020). Furthermore, mental illness is influenced by a combination of genetic and environmental factors.

Schizophrenia is one of the devastating kinds of mental disorder worldwide; it is severe mental disorder which has a considerable impact on caregivers. when a family member find outs that their relatives developed schizophrenia they experience helplessness, anger, despair and anxiety (Spaniol et al, 1992) .They are confronted with uncertainty and emotions of shame, guilt, and anger. Like the patient, they feel stigmatized and socially isolated (Lee et al, 2011).

The global prevalence of schizophrenia is estimated at 1.1% of the population over the age of 18 years (WHO, 2010). In the United States, there are roughly 87,000 acute-care admissions for the treatment of schizophrenia annually (Marcus & Olfson, 2008), while in Taiwan, there are 76, 458 people with schizophrenia inclusive of admissions and outpatients (Huang et al. 2009).According toTandon et al. (2013) Schizophrenia is a mental disorder characterized by delusions, hallucinations, disorganized speech and behavior. The disease affects mainly persons 15-35 years, and symptoms may cause social or occupational dysfunction.

2.3. The Relationship between Socio Demographic Characteristics and Psychological Distress on Caregivers of Schizophrenia Patients.

Primary caregivers, who are typically responsible for providing the majority of care to their family member, are more likely to experience negative effects on their mental and physical wellbeing compared to secondary caregivers. This is because primary caregivers often have less leisure time, smaller social circles, and higher levels of distress. (Rita et al, 2021).

Family caregivers of mentally ill people tend to give an additional of emotional and cognitive support to the patient as mental illness affects a person ability to make the right decision, the caregiver even may have to make decisions to the patient and in all other aspects too. These caregivers go through so many challenges on their day to day activities. Giving care to mentally ill persons require a lot of time and effort. But most of the times these issues get neglected as symptoms of either feeling tired or other physical symptoms (Udoh et al., 2021).

Sociodemographic factors such as gender can also play a role in the impact of family-caregiving on the career. Female family caregivers, in particular, are more likely to experience higher levels of psychological distress, shame, and caregiver burden compared to male caregivers. This trend was evident across different cultures and applied to various mental health disorders equally. (Rita etal, 2021).

Other socio demographic factors that may affect the impact of family-caregiving on the career include age, ethnicity, and socioeconomic status. For example, elderly caregivers may be at higher risk of experiencing negative effects on their mental and physical wellbeing due to the physical demands of caregiving and their own age-related health issues (Rita et al, 2021). According to (Rita et al, 2021). Elderly, female, spousal-careers and primary-careers may be a group that is at risk of suffering from a lack of positive mental and physical wellbeing as a result of caring. However, the negative effects of caregiving can be balanced by extraversion, social support and religious or spiritual beliefs. Therefore, future interventions that aim to promote family caregivers' wellbeing may need to take personality, particular circumstances as well as cultural and personal beliefs into consideration.

A study done in India stated that, Family members are the primary caregivers of persons with mental illness in most nonwestern world. In India, more than 90% of patients with chronic mental illness live with their families (Adewuya et al, 2011) and other Researchers have

documented that magnitude of burden among caregivers of people with mental illness sub-Saharan countries is high ranging from 60 to 90% across different regions(Hidru et al, 2016).

According to (Ozyesil et al, 2014),the role of caregivers in developing countries with collectivist societies is usually culturally determined based on a set of hierarchy determining who is to render care and a traditional gender ideology that portrays care as a feminine role. Care giving is when people have difficulties in meeting their own care needs because of mental disorders, they need help. Caregivers have important roles in a patient's adherence to treatment, in providing continuity of patient care, and social support (Perlick et al, 2004).

Caregivers are people who provide care for other adults, often parents or spouses, or children with special medical needs or disabilities. These are typically family members or unpaid friends of someone with a disability or illness, including serious mental illness, People with severe mental illness have typically been affected for many years and are unable to fulfill the social roles normally expected of people of their age and intellectual ability; Therefore, they are more likely to receive family support Caring for these patients can lead to mental health problems among caregivers reported that in a sample of caregivers of family members with serious mental illness, psychological distress (anxiety, depression, and insomnia) was twice as high as in the general population. (Sanders, 2003). In Ethiopia, studies showed that nearly two-thirds (63.3%) schizophrenic and bipolar-I disorder patients' caregivers experience moderate to severe level of burden (Adewuya et al, 2011).

Many caregivers of people with severe mental illness are parents who have been providing care for many years.in every forth families, at least one member suffers from some form of mental illness (WHO, 2003). Family caregiver of mentally ill patient plays many essential roles in care of persons with mental illness, including taking day-to-day care, supervising medications, taking patient to the hospital and looking after the financial monitoring the

mental state, identify the early signs of illness, relapse and deterioration, and help the patient in accessing services, also supervises treatment and provides emotional support to the patient.

The impact of caregiving on caregivers' health-related quality of life has been studied in several research papers. A study done by (Mohammad et al, 2022) found that family caregivers of patients with mental disorders had lower scores on health-related quality of life measures than the general population and also that caregivers of patients with schizophrenia had lower scores on measures of social functioning, vitality, and mental health than caregivers of patients with other Caring for a loved one with severe mental illness can have a significant impact on family caregivers. Caregivers may experience emotional and physical exhaustion, lack of knowledge, time, and resources, and limited access to health services and support. The burden of caregiving can be particularly high for caregivers of patients with affective disorders and schizophrenia. Caregivers may also face stigma and discrimination, which can further exacerbate their stress and anxiety. (Mohammad et al, 2022)

The findings of the present study can be eventually utilized to bring a reduction in a negative atmosphere in caregivers where there is a patient with schizophrenia, like expressed emotion. Therefore, the Ethiopia policy direction can address not only the patient's mental health but also the caregiver-expressed emotion. The study's implications can be useful for improving the care and support provided to caregivers of schizophrenic patients in Ethiopia and other similar settings.(Bethelhem et al, 2021).

Caregivers who were unable to read and write or had only primary education were also more likely to have poor quality of life. In addition, caregivers who were the spouse, sibling, or child of the patient were more likely to have poor quality of life compared to those who were parents or other relatives. Poor social support and high perceived stigma were also significantly associated with poor quality of life among (Habtam & Atsedemariam 2020)

Overall, it is important to take into consideration a combination of situational and sociodemographic characteristics to understand the effects of family-caregiving on the career's mental and physical wellbeing. This can help inform future interventions that aim to promote family caregivers' wellbeing by taking into account their unique circumstances and needs (Rita et al, 2021).

2.4. Experience of Stigma and Its Role on Psychological Distress

According to Gofman, (1963), Stigma is defined as a sign of disgrace or discredit that sets a person apart from others. In relation to mental illness stigma refers to the negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illnesses (Wong et al, 2009). The stigma attached to mental illness is an issue of great concern to patients and their families (Tantawe et al, 2010). Obviously, stigma can be a major obstacle to recovery and can limit opportunities of work, education, relationships and social functioning of patients across the world. Therefore, World Health Organization, (2001), declared stigma and discrimination associated with mental Disorder to be one of the most important barriers to overcome in the community.

In study of caregivers in Africa (Morocco) most of the caregivers in the study suffer from experience of stigma because of the patient's illness, a total of 86.7% of family members reported that they have hard lives because of the illness, and 72% reported psychological suffering, sleep and relationship disturbances, and poor quality of life (Nadia et al, 2004). The experience of stigma can limit the quality and availability of the needed social support for caregivers from the social system.

The world Health Organization, (2006), report shows that in Ethiopia 75% of caregivers of schizophrenia patients have experienced stigma because of the presence of mental illness in the family and 37% hide the fact that the relative was ill. In Ethiopia widespread beliefs that severe mental illnesses are due to demon possessions, bewitchment by evil spirits, ancestors'

spirits or the evil eye have existed for many years, but the attitude of the public towards such illnesses has only recently been addressed (Alem et al,1996). This situation can further exacerbate the stigma of mental illness in Ethiopia both for the patient and caregivers.

In a study done in Ethiopia at Amanuel Hospital shows the awareness of Sevier mental illness is poor, usually people perceive severe mental illness as a result of sin that the patent him/herself or family members (who are considered to be the primary caregivers) committed. So the stigma experienced both among the patients and the care givers can be high. The caregiver's especially family members themselves may feel guilty and worthless of having a family member with schizophrenia; this can be one factor which is associated to their increased level of stigma and its consistency with the above studies on the interest of the relationship between stigma by association and psychological distress (Emebet, 2015).

However, individuals with mental illness are not the only ones to be stigmatized. The stigma also conferred upon relatives, close friends and all those who come into close contact with the mentally ill, including mental health professionals (Perlicket al, 2007). It has been shown that as many as 70% of caregivers of individuals with mental illness believe that most people devalue patients and that this devaluation extends to their families (Stutuning, et al, 2001). The process by which a person is stigmatized by virtue of association with another stigmatized individual has been referred to as 'courtesy' Goffman,(1963) or 'associative' stigma (Mehta &Farina, 1988). This courtesy stigma has a negative consequence on caregivers of mentally ill including schizophrenia patients that it leads to sleep and relationship disturbances and poor psychological well-being (Martins& Addingtons, 2001).

In Ethiopia widespread beliefs that severe mental illnesses are due to demon possessions, bewitchment by evil spirits, ancestors' spirits or the evil eye have existed for many years, but the attitude of the public towards such illnesses has only recently been addressed (Alem et al, 1996). This situation can further exacerbate the stigma of mental illness in Ethiopia both for

the patient and caregivers. A study on the interest of stigma of caregivers which was conducted in the Butajira region Ethiopia showed that 75 % of the relatives of cases of schizophrenia and affective disorders perceived stigma related to mental illnesses to be a major problem they encounter (Alem et al, 1996).

2.5. Experience of Social Support and Its Role on Psychological Distress

Social support is a multidimensional concept and is generally conceptualized from a quantitative structural perspective of social networks, such as numbers of persons and formal relationships with them, or from a qualitative–functional perspective of social support, such as the perceived content and availability of relationships with significant others (Helgeson, 2003). It has been suggested that social support helps people stay mentally healthy in stressful situations. Findings suggest that a large measure of the stress experienced by caregivers may be associated with the lack of essential supports such as crisis information and support services, continuity of care, psychosocial rehabilitation programs for skill development and participation in work or education, caregiver counseling, and respite services (Shankar &Muthuswamy, 2007).

2.6 Conceptual framework

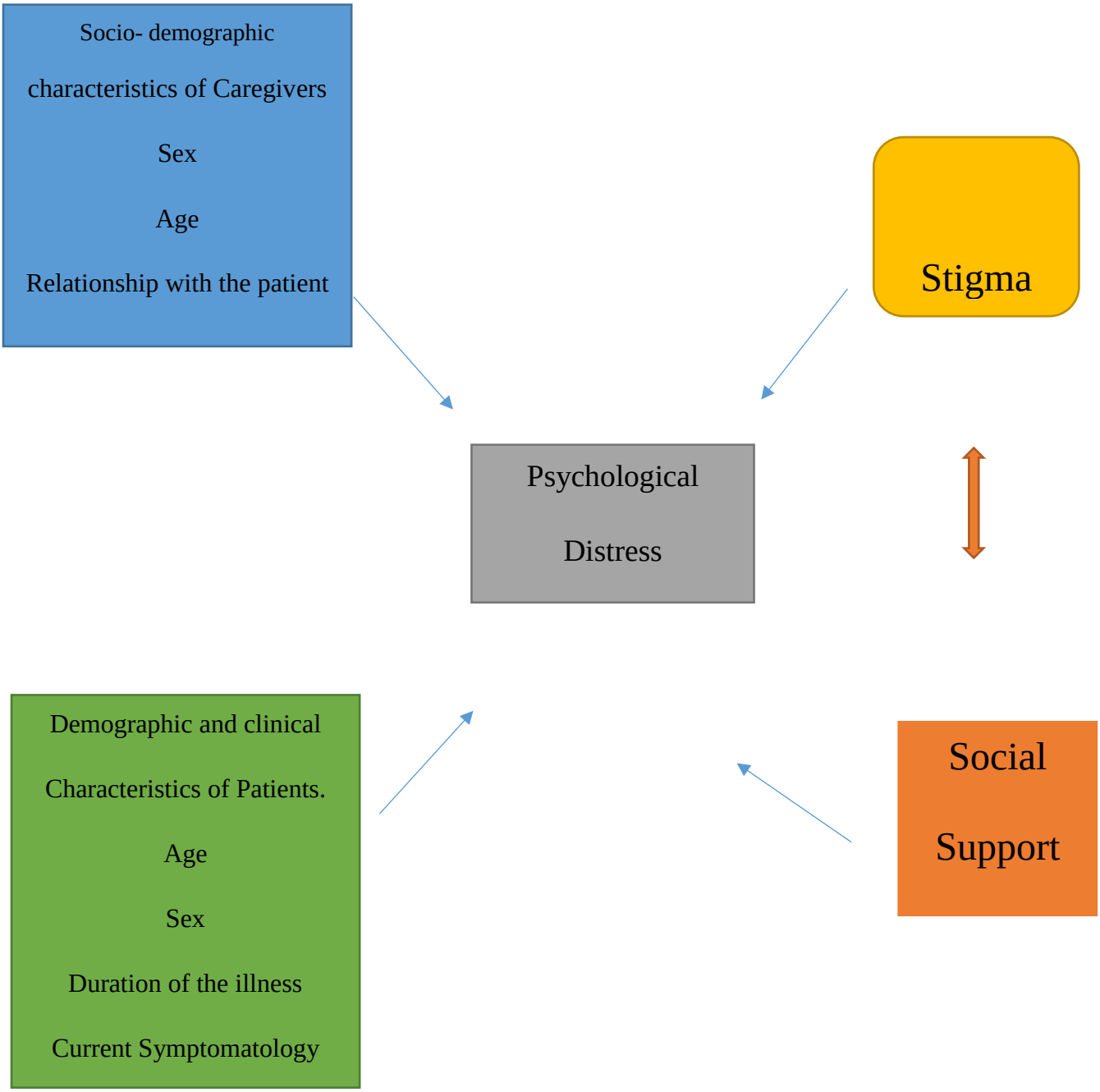

Figure 1: Conceptual frame work for conducting research on the prevalence and associated factors of psychological distress among family caregivers of people with schizophrenia at Hawassa University comprehensive specialized hospital outpatient, Ethiopia from December 2023 to April 2024

CHAPTER THREE

3. METHODS

3.1 Study design

Hospital based cross sectional study and quantitative study design was conducted from January, 2024 to April, 2024 to assess the prevalence and associated psychological distress among caregivers of people with schizophrenia. Cross-sectional studies was selected because it is observational studies that analyze data from a population at a single point in time. They are often used to measure the prevalence of health outcomes, understand determinants of health, and describe features of a population.

3.2 Study area

Hawassa town and University Comprehensive Specialized Hospital is found in Hawassa the capital of Sidama and SNNP Regions located 273Km south of Addis Ababa the capital city of Ethiopia at $7^{o}3'$N latitude and $38^{o}28'$E longitude.

The study was conducted in Hawassa University Comprehensive Specialized Hospital, Hawassa, Sidama region, Ethiopia from January, 2024 to April, 2024.The psychiatry ward provide both outpatient and inpatient services. HUCSH has over 10 beds for both women and men patients. There are separate compounds for male and female patients. Visitors of the patients can freely go in and out to visit their relatives. The patients have restricted access to the outside of these compounds; it has main service domains of outpatient, inpatient and emergency services. It is staffed with psychiatrists, general practitioners, and BSc psychiatry professionals. HUCSH was selected purposefully since it is a tertiary hospital serving for large portion of nearby population with large number of patient flow and have organized follow up unit for mental illness.

3.3 Population

3.3.1. Source and Study population

All caregivers of people with schizophrenia attending follow up, who were available during data collection period and are above 18 year of age.at Hawassa University comprehensive Specialized Hospital from December, 15, 2023 to April, 10, 2024.

3.3.2 Study unit

All individual family caregivers of people with schizophrenia those who came to psychiatry ward for follow up and those families who fulfill the inclusive criteria attending Hawassa University comprehensive Specialized Hospital outpatient during the study period.

3.3Eligibility criteria

3.3.1. Inclusion criteria

Caregivers above 15 year of age, those who have been caregivers for the patients for at least 3 months and those who are primary caregiver.

3.3.2. Exclusion criteria

All family caregivers who were not willing to participate in the study at Hawassa University comprehensive Specialized Hospital and All family caregivers who are professional caregivers like nurses, psychiatry nurses, doctors, etc. at Hawassa University comprehensive Specialized Hospital.

3.4 Sample size determination

The minimum number of sample required for the study is determined by using the formula to estimate single population formula. The sample size (n) to estimate the prevalence of

psychological distress among caregivers of schizophrenic patients was determined by a single population proportion formula. 95% confidence level was considered to estimate the sample size and regarding the total prevalence of psychological distress among caregivers, 50% expected prevalence since there were no papers done with similar title and setting

A precision of 5% between the sample and the parameter was taken. α =0.05 (95%) =1.96.

n = (Z α/2)2 p (1-p)/ d2

Where;

n is minimum sample size required for the study

Z is reliability of coefficient corresponding to 95 % confidence interval. (95% is 1.96)

P is estimate of key proportion to be studied

d is the absolute precision of tolerable margin of error (d = 0.05)

$n= (1.95)^2 \times 0.5(1-0.5)/0.05^2$

n=384

Assuming then by adding non-respondent rate 10% then n=422

3.5 Sampling technique and Procedure

HUCSH was selected for this study because it is tertiary hospital that has a well-organized psychiatric center and high case flow rate since it provide service for large number of population in Sidama region, SNNPR and parts of Oromia region.

Population who does not fulfill the inclusion criteria was removed from the study before selection of study participants. Convenient sampling technique was used since the total number of patients is not suitable for using random sampling method. Therefor Caregivers who were available and willing to participate was included in the study until the required sample size is reached**.**

Non probable sampling technique (Convenience sampling used because it was appropriate sampling for the study due to the sample size, duration of the study and it's does not distinguish characteristics among the participants like other Non-probable sampling) was used to select the sample participants. An estimation of 668 schizophrenic follow-up patients based on DSM-5 criteria were thought to be treated. I started collecting the data from December 15 2023 to April 10, 2024 from the first up to the 422 participant.

3.6Study variables

3.6.1. Dependent variables

Psychological distress of family caregiver

3.6.2. Independent variables

- Age
- Sex
- Educational status
- Occupation
- Marital status
- Current substance use
- Duration of illness
- Social support
- Stigma

3.8. Data collection procedure

3.8.1. Data collection

Data was collected through Kobo tool by face to face interview using structured and pre-tested questionnaire. The self-structured questionnaire was developed to collect data about background information and standardized scales to measure psychological distress, namely the psychological distress scale (SRQ 20), SRQ 20, has been adopted, validated and translated to the local language (Amharic) and extensively used in previous studies (Ermiyas and Samueal, 2003, Abateneh, et al , 2013 and Emebet, 2015). SRQ20 consist 20 questions which includes the symptoms of depression, anxiety, cognitive disturbance, somatic symptoms, and behavioral disturbances like, decreased energy.the stigma experience scale the family version and items social support scale (OSS-3).The questionnaire was first developed in English and then was translated to Amharic. Patients' card was referred for additional information. Experienced stigma as proposed by Stuart, Koller, and Miler (2008), the Stigma Experience Scale is a frequency scale based on seven items which was developed to be applied to people who have serious mental health problems and are living in the community, and for the family members who are caring for the patients to assess their experience of stigma and Social support, Oslo three items social support scale (OSS-3) provides a brief measure of social support and functioning and it is considered to be one of the best predictors of mental health also has been adopted.

3.8.2 Data quality assurance

One day Training was given to data collectors and supervisors regarding ethical consideration and data collection method in order to minimize misinterpretations and selection error. The training was provided by the principal investigator. Duplicate data entry and validation was performed to minimize error in data entry. Questioner was

translated to Amharic for data collection and translated back to English. Three standardized measures were employed in this study to measure psychological distress (SRQ 20), experienced stigma scale and social support (OSS-3). Two self-structured questionnaires were used to gather sociodemographic data. An Amharic version of SRQ 20, stigma experience scale and oslo3 has been verified in Ethiopia by prior research, before data entry to check for consistency and has done pilot study 20 peoples of the sample population at Adare hospital because it's the second largest for having psychiatric ward in hawassa. Supervisor weekly was checking for completeness of data. Data cleaning, Frequency and cross tabulation was done in SPSS before analysis. Data was collected by 2 professional's data collectors and 1 psychiatry nurse was assigned as supervisor. Training was given to data collectors and supervisor.

3.8.3 Data analysis

Data were entered in to SPSS version 20 was used to analyze the result. Frequency distribution, mean and standard deviation were computed for descriptive statistics. Bivariate and multivariable logistic regressions were conducted. Variables having a p-value less than 0.25 in binary regression were interred in multivariable analysis to determine association. Hosmer and Lemeshow's goodness of fit test (if<0.05 not good fit) was checked for model fitness. The result was interpreted using adjusted odds ratio and findings are presented using graphs, table and figures.

3.8.4 Reliability test

The psychological distress scale (SRQ20) has been developed by WHO as an instrument designed to screen for psychiatric disturbances and as a brief screen to measure levels of

distress in developing countries.SRQ20 consist 20 questions which includes the symptoms of depression, anxiety, cognitive disturbance, somatic symptoms, and behavioral disturbances like, decreased energy. Which are answered by yes or no. it can be used either as a self-administered or as an interview administered questionnaire, interview is allowed because of the high literacy rate in developing countries (WHO, 1994). Each of the 20 items of SRQ is scored as 0 or 1. A score of 1 indicates that the symptom was present during the past 30 days. A score of 0 indicates that the symptom was absent. The maximum score is therefore 20.

Table1. Alpha Value of Scale Instruments

Types of alpha value			
Scales	Psychological distress Scales	social support	Stigma experience
Cronbach's α level	(α =.843)	(α=.918)	(α=.78)

The above table indicates that, the cronbach's alpha coefficients for the given instruments look acceptable and reliable. On the socio demographic questions of the study some items with minor confusion was corrected based on the obtained pilot data.

3.8.5 Pilot study

After administering the instrument for the pilot samples on 22 caregivers of schizophrenia at Adare hospital, it was chosen because it's the second largest psychiatric OPD in the town pilot study was done based on the response of the participants the internal

consistence (reliability) of the psychological distress SRQ 20, experienced stigma scale the family version, Oslo 3 items social support scale OSS-3 were seen by Calculated coefficient alpha and its results are presented in the following table.

3.9 Ethical Consideration

Permission letter was obtained from Hawassa University College of Eduvation and Behavioral Science Department of Psychology. The information was collected after I obtained a permission letter from HUCMHS by summiting proposal for ethical clearance after screening the proposal they approved to collect data from psychiatry OPD and verbal consent from the family caregivers, with the right to discontinue at any time they want during the time of data collection. Personal information in the research record was kept private and confidential and identity was not recorded.

3.10 Data dissemination

Result of the study will be submitted to Hawassa University College education and behavioral science department of psychology and any responsible organ. And the result will be published in a journal.

CHAPTER FOUR

DATA PRESENTATION AND DISCUSSION

5. Result

Introduction

4.1 Socio-demographic characteristics of the caregiver

The main purpose of this study was to assess the prevalence of psychological distress and to examine the role of socio demographic characteristics, stigma and social support on the level of psychological distress. The respondents of this study were 422 caregivers of schizophrenia outpatients. So, this part presents the major findings of the study in line with the stated purpose.

Table 2: Socio-demographic characteristics of caregivers participated in the study.

	OPTIONS	FREQUENCY	PERCENT
Sex of caregivers	Male	175	41.5
	Female	247	58.5
age of the caregiver	15-29	79	18.7
	30-49	202	47.9

	>50	141	33.4
Relationship with the patient	mother	77	18.2
	father	40	9.5
	sister	75	17.8
	brother	51	12.1
	wife	48	11.4
	husband	30	7.1
	child	69	16.4
	Other	32	7.6
Place of residence of the caregiver	Urban	238	56.4
	Rural	184	43.6

marital status of the caregiver	Single	109	25.8
	married	231	54.7
	divorced	28	6.6
	widowed	54	12.8
Educational status of the caregiver	Cannot read and Write	28	6.6
	Elementary school 1-8	63	14.9
	high school 9-10	48	11.4
	preparatory 11-12	121	28.7
	college and above	162	38.4
living condition of the caregiver	living with family	220	52.1

	living alone	58	13.7
	living with spouse	142	33.6
	Other	2	.5
Employment status of caregiver	government employee	106	25.1
	self-employee	82	19.4
	non-government organization	33	7.8
	unemployed	41	9.7
	farmer	43	10.2
	student	35	8.3
	Other	82	19.4
How long have you been giving care to the patient	3-6 months	92	21.8
	7-11 month	59	14.0
	1-3years	117	27.7
	>3years	154	36.5

Out of the total respondents 175 (41.5%) were male and 247 (58.5%) were female. 144(33.4). as far as the age concern 202(47.9%) were at the age of 30-49 followed by 141(33.4) greater than the age of 50 and 79(18.7) were 15-29. In regards to marital status most participants 231(54%) were married followed by single 54(12.8%) and divorced 28(6.6).Also238 (56.4%) which is majority of the participants resided in urban areas and 184(43.6%) of them lived in Rural area. Majority of the caregivers were female, mother 77(18.2%), sister 75(17.8%), wife 48(11.4%) followed by father 40(9.5%), brother 51(12.1%), husband 30(7.1%), child 69(16.4%) and Other 32(7.6%).Concerning educational status 393 (93.3%) had formal education and 28(6.6%) were them illiterates. Regarding living condition of the caregiver majority of them live with family 220 (52.1%).most of the caregivers have been giving care for the patient for more than a year and long 1-3years117 (27.7%) >3years154 (36.5%).381(90.3%) of the caregivers are employed.

4.2 Socio-demographic characteristics of the patient

Table 3: Socio-demographic characteristics of patient participant.

	OPTIONS	FREQUENCY	PERCENT
sex of the patient	Male	242	57.3
	Female	180	42.7

age of the patient	18-29	153	36.3
	30-49	188	44.5
	50+	81	19.2
Educational status of the patient	Cannot read and Write	22	5.2
	Elementary school 1-8	74	17.5
	High school 9-10	112	26.5
	Preparatory school	114	27.0
	college and above	100	23.7

Out of the total respondents 242 (57.3%) were male and 180 (42.7%) were female. 188(44.5%) are at the age of 30-49 and 153(36.3%) were age group of 18-29. 22(5.2%) were illiterates. 74(17.5) were Elementary school 1-8, 112(26.5%) High school 9-10, 114 (27.0%) Preparatory school and 100(23.7%) college and above.

4.3 Clinical history of the patient

Table 4: Clinical history of the patient of patient participant

	OPTIONS	FREQUENCY	PERCENT
Duration of illness	1-3months	84	19.9
	4-11months	59	14.0
	1-3 years	116	27.5
	>3years	163	38.6
Frequency of treatment	1-2 weeks	32	7.6
	Monthly	98	23.2
	2-3month	209	49.5
	4-6month	80	19.0
	Annually	3	.7
Current substance use of the patient	Yes	200	47.4

No	222	52.6

Out of the 422 schizophrenic patients majority of the duration of illness has been 163(38.6%) followed by 116(38.6%) 1-3 years, 184(19.9%) 1-3months and lastly 59(14.0%) were ill for 4-11 months. Majority of the patients come for follow up with in2-3month 209(49.5%), 200(47.4%) of them have current substance use and 200(47.4%) of them has no current substance abuse.

4.4 Social support

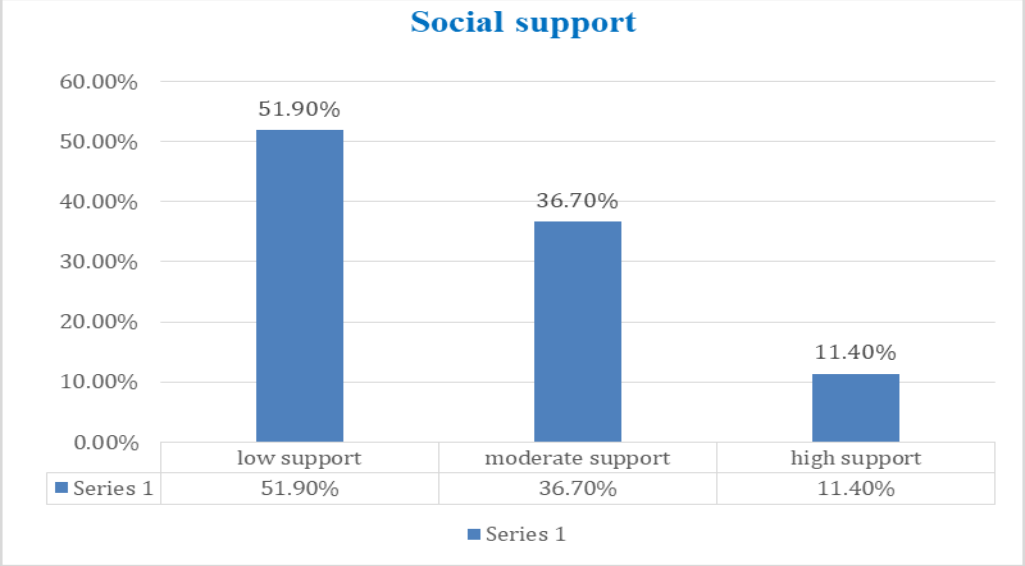

Figure 2: social support of the participant

Out of the 422 caregivers 219(51.9%) has low social support, 155(36.7%) has moderate social support, and 48(11.4%) has high support.

4.5 Stigma experience scale

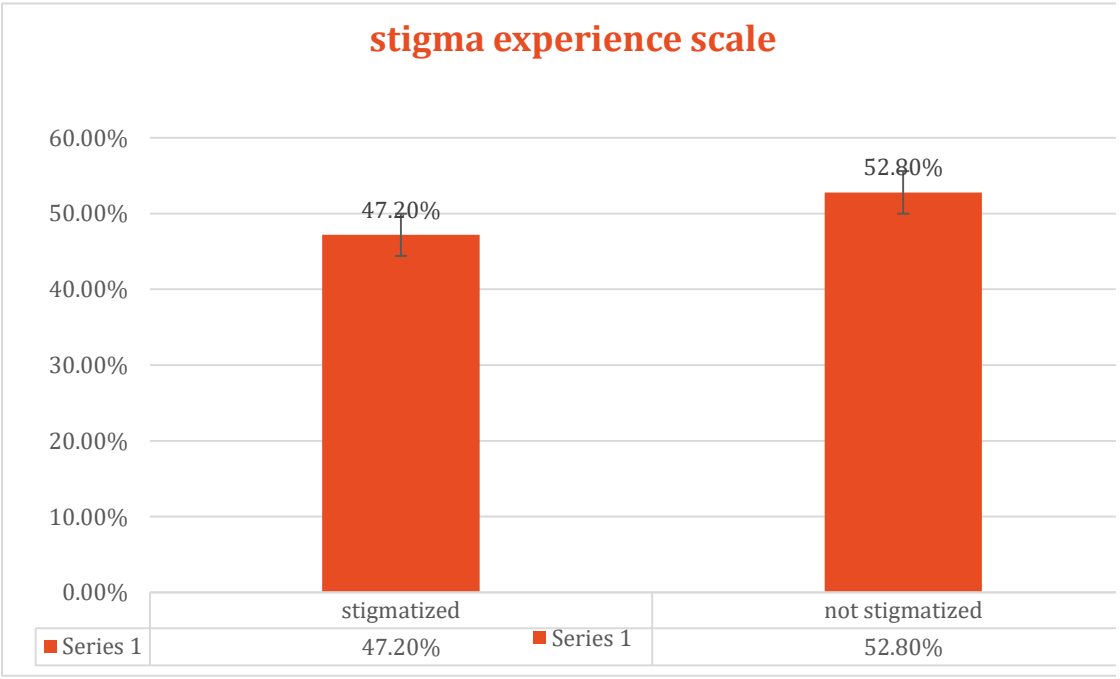

Figure 3: stigma experience scale of the participant

More than half of the respondents replied that they are not stigmatized (52.8%). The rest out (47.20%) 0f them have been stigmatized.

4.6 prevalence of psychological distress among caregivers of people with schizophrenia

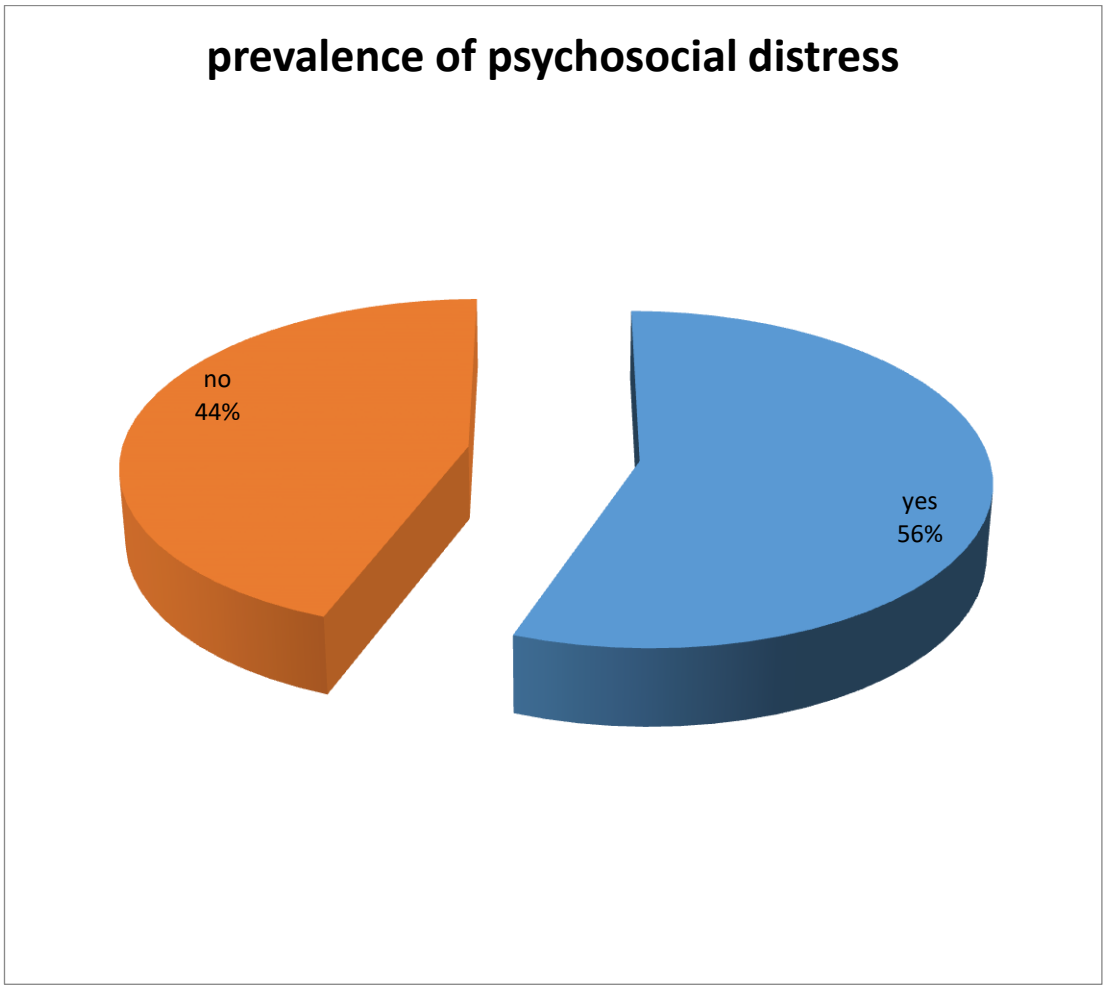

Figure 3: prevalence of psychological distress experience scale of the participant in the study.

By using WHOs SRQ20 out of 422 caregivers the participant who scored 10 and above were 235(55.7%) have experienced psychological distress and 87(44.3%) have no psychological distress.

4.7 Factors associated with psychological distress of caregivers

This study aimed to determine the prevalence of psychological distress, identify factors related to the psychological distress of caregivers, and investigate the impact of social support, stigma, and sociodemographic traits on the degree of psychological distress. . So, this part presents the major findings of the study in line with the stated purpose.

Table 5: factors associated with of psychological distress among caregiver of schizophrenic patients

Bivariate and multivariable logistic regressions were conducted and the results stated below.

Variables	Options	Psychosocial distress		COR(CI)	AOR(CI)	P-value
		No	Yes			
Age of caregiver	15-29	36(45.6%)	43(54.4%)	2.291(1.281,4.097)	2.137(.806, 5.666)	.127
	30-49	87(43%)	115(57%)	1.551(.999, 2.409	1.346(.584, 3.102)	.485
	>50	64(45%)	77(55%)	.943		
Relationship to caregiver	Mother	36(47%)	41(53%)	.427.170, 1.076)	.247(.077, .800)	.030
	Father	15(38%)	25(62%)	.368(.134, 1.014)	1.250(.323, 4.837)	.746
	Sister	31(41%)	44(59%)	.483(.191,	.562(.192,	.294

				1.223)	1.648)	
	Brother	25(49%)	26(51%)	.444(.167, 1.184)	.415(.128, 1.345)	.143
	Wife	23(48%)	25(52%)	.333(.125, .888)	.403(.114, 1.416)	.156
	Husband	15(50%)	15(50%)	.500(.169, 1.477)	.477(.140, 1.631)	.238
	Child	29(42%)	40(58%)	.433(.171, 1.099)	.563(.186, 1.709)	.311
	Other	13(41%)	19(59%)	3.000		
Education of caregiver	Cannot read and write	16(57%)	12(43%)	.357(.154, .824)	1.879(.405, 8.706)	.420
	Elementary school	26(41%)	37(59%)	1.043(.572, 1.904)	2.201(.875, 5.536)	.094
	High school	16(33%)	32(66%)		1.637(.719,	.240

				.980(.506,1.900)	3.729)	
	Preparatory school	52(%)	69(%)	.775(.477, 1.260)	1.217(.670, 2.209)	
	Collage and above	77(48%)	85(52%)	1.557		
Occupation of caregiver	Government employment	46(43%)	60(57%)	.823(.449, 1.508)	.895(.432, 1.853)	.764
	Self employed	36(44%)	46(56%)	.572(.305, 1.073)	.900(.414, 1.957)	.790
	Non-governmental organization	15(45%)	18(55%)	.815(.352, 1.886)	.835(.277, 2.513)	.748
	Unemployed	18(47%)	23(53%)	.713(.331, 1.533)	1.064(.427, 2.652)	.895
	Farmer	20(54%)	23(46%)	.775(.363,	.578(.184,	.348

				1.652)	1.816)	
	Student	19()	16()	.590(.264, 1.319)	.352(.110, 1.126)	.078
	Other	33(40%)	49(60%)	1.793		
Time since caregiving	3-6 months	36(39.1%)	56(60.9%)	1.539(.896, 2.643)	2.619(1.27 45.383)	.009*
	7-11 months	24(41%)	35(59%)	1.767(.929, 3.363)	1.952(.892, 4.271)	.094
	1-3 years	57(48%)	60(52%)	.716(,439, 1.168)	1.424(.707, 2.866)	.323
	>3 years	70(45%)	84(55%)	1.258		
Education of patient	Cannot read and write	9(40.9%)	13(60.1%)	1.552(.598, 4.026	2.354(.587, 9.433 2.555	.227
	Elementary school	35(47%)	39(53%)	1.081(,.587 , 1.990)	1.508(.693, 3.280)	.300

	High school	35(31%)	77(69%)	1.523(,.873 , 2.659)	3.528(1.62 3, 7.671)	.001*
	Preparatory school	58(50.8%)	56(49.2%)	1.158(.674, 1.989)	1.297(.659, 7.671)	.452
	Collage and above	50(50%)	50(50%)	1.128		
Social support	Low support	69(31.5%)	150(68.5 %)	.633(.156, 2.579)	5.634(2.54 8, 12.460)	.000*
	Moderate support	84(54%)	71(46%)	.811(.1913, .440)	2.263(.992, 5.161)	052
	Good support	34(70.8%)	14(29.2%)	2.000		.
Stigma	Low stigma	116(52%)	107(48%)	1.137(.661, 1.958)	.429(.265,. 693)	.00*
	High stigma	71(35.6%)	128(64.4	1.214		

			%)			

Variables having a p-value less than 0.25 in binary regression were interred in multivariable analysis to determine association. Hosmer and Lemeshow's goodness of fit test (if<0.05 not good fit) was checked for model fitness. The result was interpreted using adjusted odds ratio and findings are presented using graphs, table and figures.COR and AOR has been used for the study. COR was used to assess the association between each variable with dependent variable and since COR cannot control confounder variables AOR used to control the confounders.

In bivariate logistic regression Social support, stigma, age of caregiver, relationship to caregiver, education of caregiver, occupation of caregiver, time since caregiving and education of patient were found to have association with psychological distress. In multivariate regression social support, stigma, educational level of patients and time of care giving. Compared to caregivers who had been primary caregivers of the patient form more than 3 years those who had been caring for 3-6 months had 3 times higher odd of psychological distress. Low social support was also found to have increased the odds of having psychological distress by 6 times when compared to those who had good support system. Similarly stigma was found to be positively associated with psychological distress. Lower stigma was found to decrease the odds by 57% in relation to those who had stigma. Patients' educational status of being high school students also increased the odds of psychological distress of caregiver by 3.528 times than those who completed collage.

CHAPTER FIVE

5.1 DISCUSSION

The purpose of this study was to assess the prevalence of psychological distress among caregivers of outpatients with schizophrenia and its association with sociodemographic traits, experienced stigma, and social support. Based on the inclusion criteria, 422 caregivers of schizophrenia outpatients were chosen using the convenience sampling method in order to meet the study's objectives. The levels of psychological distress, experienced stigma, and social support were measured using standard instruments. The results listed in the results section will be discussed in this section along with the existing literature and presented below.

5.1 The prevalence of psychological distress of caregivers of Schizophrenic patients

What percentage of people experience psychological distress? The results of the current study, which showed a high prevalence of psychological distress among study participants, were consistent with various literatures explaining why caregivers of schizophrenia patients are at high risk of developing poor psychological wellbeing. The study focused on the prevalence of psychological distress among individuals who care for patients with schizophrenia.

Prevalence and associated factor of psychological bel distress among caregivers of people with schizophrenia out of 422 caregivers was found to 56% in HUCSM with the score of 10 and above in SRQ20 showing high prevalence. Being caregivers for mentally ill person is hard specially being caregiver of schizophrenia patient are significantly high because of the severity of the illness. This finding was almost similar the study conducted in Amanuel hospital in Ethiopia was 57% (Emebet, 2015) this similarity could be due to similar characteristics of study participants and higher from a study done on mental ill patients Dessie Referral Hospital was 47.5% also study done on Jimma 41.2% the reason of the difference can be the difference and the severity of the illness

Prevalence is lower than other countries like in Pakistan 78 %(Shah, et al, 2013), also in Nigeria 79.84 %(Yesuf &Nuhu, 2011) the difference in study population could be reason for high prevalence of psychological distress in caregivers. Low prevalence of psychological distress is higher than other countries like in Latin 40 % (Magana et al, 2007) compared to this study this variation could be due to difference in living standard, awareness level or difference in having professional caregiver.

5.2 The Relationship between Socio Demographic Characteristics and Psychological Distress

Does psychological distress have a significant correlation with sociodemographic characteristics? The study assessed the socio-demographic attributes of the caregivers, including their age, sex, and relationship with the patient, education levels, employment status, and place of residence. The patient's age, sex, length of illness, and frequency of treatment are among the sociodemographic and clinical details that the caregivers reported.

The prevalence of caregivers among the age group of 30-49 and older have experience psychological distress compared to other age group, Elderly, female, spousal-careers and primary-careers may be a group that is at risk of suffering from a lack of positive mental

and physical wellbeing as a result of caring (Rita et al, 2021). A study done in India stated that, Family members are the primary caregivers of persons with mental illness in most nonwestern world. In India, more than 90% of patients with chronic mental illness live with their families (Adewuya et al, 2011) compared to this study the prevalence is high it can be due to family living structure compared to Ethiopia. Other Researchers have documented that magnitude of burden among caregivers of people with mental illness sub-Saharan countries is high ranging from 60 to 90% across different regions (Hidru et al, 2016). In Ethiopia, studies showed that nearly two-thirds (63.3%) schizophrenic and bipolar-I disorder patients' caregivers experience moderate to severe level of burden (Adewuya et al, 2011). Care givers who are taking care of the patient in acute stage and longer than 3 year are more likely have higher chance than compared to caregiver of 1-3 years, Many caregivers of people with severe mental illness are parents who have been providing care for many years.in every forth families, at least one member suffers from some form of mental illness (WHO, 2003).

In this study caregivers who were unable to read and write or had only primary education and high schooler and patients who are not unable to read and write were also more likely to have poor quality of life also similar to a study conducted in Ethiopia (Habtam & Atsedemariam 2020).government employers had 2x exposed to psychological distress compared to other occupation.

5.3 Experience of Stigma and Social Support Predicting Psychological Distress

Does experience of stigma and social support predict psychological distress? This study indicates that experience of stigma has a positive correlation with psychological distress on caregivers. This means that when the experience of stigma increases the experience of psychological distress also gets increased.

Those who have low social support have two times risk for psychological distress compared to moderate and high social support like a study done in Africa (Morocco) most of the caregivers in the study suffer from experience of stigma because of the patient's illness, family members reported that they have hard lives because of the illness, and reported psychological suffering, poor quality of life (Nadia et al, 2004). The experience of stigma can limit the quality and availability of the needed social support for caregivers from the social system.

Being stigmatized for having a schizophrenic relative have a positive and significant relationship with psychological distress, Like The world Health Organization, (2006), report shows that in Ethiopia 75% of caregivers of schizophrenia patients have experienced stigma because of the presence of mental illness in the family and hide the fact that the relative was ill. In Ethiopia widespread beliefs that severe mental illnesses are due to demon possessions, bewitchment by evil spirits, ancestors' spirits or the evil eye have existed for many years, but the attitude of the public towards such illnesses has only recently been addressed (Alem et al, 1996). This situation can further exacerbate the stigma of mental illness in Ethiopia both for the patient and caregivers.

This study shows the awareness of Sevier mental illness is poor, usually people perceive severe mental illness as a result of sin So the stigma experienced both among the patients and the care givers can be high. The caregiver's especially family members themselves may feel guilty and worthless of having a family member with schizophrenia; this can be one factor which is associated to their increased level of stigma and its consistency with the above studies on the interest of the relationship between stigma by association and psychological distress like study done in Ethiopia at Amanuel Hospital (Emebet, 2015).

CHAPTER SIX

6. SUMMARY CONCLUSION AND RECOMMENDATION

6.1 SUMMARY

This study's primary goals were to determine examine the impact prevalence of psychological distress and, in instance of HUCMHS, to of sociodemographic traits, stigma experienced, and social support among caregivers of schizophrenia outpatients. The study's population of caregivers for schizophrenia outpatients at HUCMHS was chosen in order to fulfill the study's stated goal. By using convenience sampling technique, 422 samples of caregivers for schizophrenia outpatients were chosen from the study's total population. Standardized instruments and a self-structured questionnaire were used to gather data from the samples. The sociodemographic data was gathered using the self-structured questionnaire. In relation to, psychological distress was measured using the standardized instruments psychological distress scale (SRQ-20), experienced stigma scale The family version and the 3-item social support scale were utilized to evaluate experienced stigma. The 3 was employed to evaluate social support. The collected data from the samples was organized and analyzed by using SPSS version 20. Descriptive statistics, bivariate and multivariate analyze the data. Being female, educational status, experience of stigma and social support have a statistically significant relationship with psychological distress.

6.2 CONCLUSION

The prevalence of psychological distress among caregivers of people with schizophrenia was found to be 56%) high which shows, Findings of this study showed socio-demographic factors like being female, age group of 30 and above educational status of both caregiver and the patient, occupation, duration of caregiving and the illness

Psychological distress among caregivers is positively related with experienced stigma and social support. The findings show that caregivers who encounter stigma and has low social support are psychologically affected twice as much as those who do not. This study demonstrates the need of paying attention to and being concerned about caregivers of patients with schizophrenia because these individuals are susceptible to psychological discomfort, experiencing stigma, and having little social support because of their caregiving responsibilities. Additionally, more study Psychological distress Among Those Who Provide Care are required to investigate the psychological distress experienced by caregivers from various angles and aspects of the caregiving issue.

6.3 RECOMMENDATION

This study has clearly indicated that the family caregivers of schizophrenic patients had high psychological distress. This emphasized the need for professionals working in mental health hospitals to provide adequate assistance to family caregivers in order to assess the levels of psychological distress that the caregivers are going through their burden in caring for individuals with schizophrenia. The study also suggests that the family caregivers should engage in support groups. By being involved in a support groups, they will be able to obtain stronger emotional support and information from other caregivers who have similar experiences. In these support groups, caregivers could share and exchange experiences with other caregivers. Involving caregivers in support groups is seen to reduce the stress faced by them. Similarly, the involvement of caregivers in support groups is essential to enable them to perform their social functioning in their daily lives. Therefore, this study suggests that Ethiopian Mental Health Service Users Association (EMHSUA) to make support groups that would help the care givers get together and provide help to each other. We would also like to recommend to Hawassa University College of Education and Behavioral Science Department of Psychology and also Hawassa University Comprehensive Specialized Hospital to address the health workers on assessing Psychological Distress on the caregivers and after that giving counseling to the caregivers also helps on decreasing the stress they might be facing

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Annex

HAWASSA UNIVERSITY

COLLEGE OF EDUCATIONAL AND BEHAVIORAL SCIENCE DEPARTMENT OF PSYCHOLOGY

Questionnaire prepared to assess the prevalence and its associated factors of psychological distress among care givers of people with schizophrenia HUSCH outpatient, Hawassa, Ethiopia.

Consent form:

Good morning / afternoon, first of all I would like to thank you for giving us your time.

My name is _____I am post graduate class of Hawassa University in Psychology Department. The purpose of this questionnaire is to gather information on the Prevalence and associated factors of psychological distress among caregivers of people with Schizophrenia at HUSCH, Therefore, I request your participation with respect.

I will ask you some questions which will take 20 minutes. The answer to those questions is confidential. I will not write your name in the questionnaire. You can refuse to respond to any of the questions. Your role in the success of the research is very important and I would greatly appreciate your help in responding to these questions.

Would you agree to participate in the study?

1, Yes

2, No

Thank you!!

HAWASSA UNIVERSITY

COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCE

DEPARTMENT OF PSYCHOLOGY

COUNSELING PSYCHOLOGY PROGRAM QUESTIONNAIRE

Dear participants

First of all I would like to thank you for your participation in advance. This instrument is meat to collect data in order to make opinion survey to a thesis for an M.A degree.

This questionnaire is designed to obtain relevant information about psychological distress in caregivers of schizophrenia patients. This questionnaire is to be filled out by caregivers of schizophrenic out patients in Hawassa university comprehensive specialize hospital.

I would like to assure you that your responses will be used only for academic research purpose and that it will be kept confidential. No need to write your name.

This questionnaire has 4 parts and since the quality and success of this study depends on the validity and reliability of the information you provide; you are kindly requested to complete each item of the scale genuinely and return the questionnaire.

If you are willing to participate in this study, put (√) sign below

Yes: ----------

No: ----------

THANK YOU!

Part One. Background Information

Instruction: This Part of The Study Is Concerned with Your Background Information. Please

Put (√) Mark on Questions That Are Applicable To You

Card number: ----------

No	Item	Response	
1	Sex	1.Male	
		2.Female	
2	Age	1.18-29	
		2.30-49	
		3.50+	
3	Marital status	1.Single	
		2.Married	
		3.Divorced	
		4.Widowed	
4	Relationship with the patient	1.Mother	
		2.Father	
		3.Sister	
		4.Brother	
		5.Wife	

		6.Husband	
		7.Child	
		8.Other	
5	Educational level	1.Cannot read and Write	
		2.Elementary school 1-8	
		3.High school 9-10	
		4.Preparatory school 11-12	
		5.College and above	
6	Employment status	1. Government employee	
		2. Self employed	
		3. NGO	
		4. Merchant	
		5. Farmer	
		6. Student	
		7. If others, mention-------	
	What is your living condition	1. living with family	
		2. living alone	
		3. living with spouse	
		4. other(specify)	

7			
8	Place of residence	1. urban	
		2. Rural	
9	How long have you been giving care to the patient	1. 3-6 months	
		2. 7-11months	
		3. 1-3 years	
		4. More than 3 years	

Part Two. Socio Demographic and Clinical Characteristics of the Patient

Instruction: This Part of the Questionnaire Is about The Socio Demographic And Clinical Characteristics Of Your Relative Patient. Please Put A **(√)** Mark On The Correct Answer.

No	Item	Response	
1	Sex	1.Male	
		2.Female	
2	Age	1.20-39	
		2.40-59	
		3. 60 +	
3	Duration of illness	1.3-6 months	
		2.7-11months	
		3.1-3 years	
		4.More than 3 years	
4	Educational status	1. Cannot read and Write	
		2. Elementary school 1-8	
		3. High school 9-10	
		4. Preparatory school 11-12	
		5. College and above	
5	Current substance use	1. Yes	

		2. No	
6	Frequency of treatment	1.Weekly	
		2.Monthly	
		3. Every 2 and 3 month	
		4.Every six month	
		5.Ananualy	

Part Three- 3 Items Social Support Scale

Instruction: This Part of the Questionnaire Contains 3 Questions Regarding Your Experience

Of Social Support and Related Issues. Please Circle On The Alternative That Is Applicable To You.

1) How many people are so close to you that you can count on them if you have serious? Personal problems (choose one option)?

   1. None
   2. 1-2
   3. 3-5
   4. >5

2) How much concern do people show in what you are doing (choose one option)?

1. Little
2. Unknown
3. Some
4. A lot

3) How easy is it to get practical help from neighbors if you should need it? (Choose one Option)

1. Very difficult
2. Difficult
3. Possible
4. Easy
5. Very easy

Part Four- Stigma Experience Scale Family Version

Instruction: Below are statements that assess your experience of stigma. For the first 4 questions Indicate how each question applies to you in general by using the 5point likert scales. if your answer is **NEVER** circle on number 1, **RARELY** 2, **SOMETIMES** 3, **USUALLY** 4,and circle on number 5 if your answer is **ALWAYS**. And for the rest 3 questions if your answer is **NO** circle on number 1, **UNSURE** 2, and if **YES** circle on number 3.

No	Item	response

		Never	rarely	Sometimes	usually	always
1	Do you think that people think less of those with a mental illness?	1	2	3	4	5
2	Do you think the average person is afraid of someone with a mental Illness?	1	2	3	4	5
3	Has your relative been stigmatized because of their mental illness?	1	2	3	4	5
4	Have you felt stigmatized because of your relative's Mental illness?	1	2	3	4	5
		no		Not sure		yes
5	Has stigma affected your family's ability to make Or keep friends?	1		2		3
6	Has stigma affected your ability to interact with your other relatives?	1		2		3
7	Have your experiences with stigma affected your family's quality of life?	1		2		3

Part5: PSYCHOLOGICAL DISTRESS SCALE SRQ20

Instruction: The following questions are related to certain pains and problems that may have bothered you the last **30 days**. If you think the question applies to you and you had described problem in the last **30 days** answerer **YES**. On the other hand, if the question does not apply to you and you did not have the problem in the last **30 days** answer **NO**.

Please do not discuss the questions with any one while answering the questions. If you are unsure about how to answer a question, please give the best answer you can.

No	Health Problems for the past 30 days	Yes	No
1	Do you often have headache?		
2	Do often have poor appetite?		
3	Do you often experience difficulty in sleep?		
4	Are you easily frightened?		
5	Do your hands often shake?		
6	Do you feel nervous tense or worried?		
7	Do you often experience digestion problem?		
8	Do you have trouble thinking clearly?		
9	Do you feel unhappy?		
10	Do you cry more than usual?		
11	Do you find it difficult enjoying your daily activities?		
12	Do you find it difficult to make decisions?		
13	Is your daily work suffering?		

14	Are you unable to play useful part in life?		
15	Have you lost interest in things?		
16	Do you feel that you are a worth less person?		
17	Has the thought of ending your life been on your mind?		
18	Do you feel tired all the time?		
19	Do you have uncomfortable feeling in your stomach?		
20	Are you easily tired?		

ሀዋሳ ዩኒቨርሲቲ

የትምህርት እና ስነ-ባህሪ ትምህርት ኮሌጅ

ሳይኮሎጂ ት/ክፍል ካዉንስሊንግ ድህረምረቃ ፕሮግራም

ውድ ተሣታፊዎች

በመጀመሪያ ሰለ መልካም ትብብሮዎ አስቀድሜ ላመሰግንዋ እወዳለው። መጠይቁ የሚውለው በሀዋሳ ዩኒቨርስቲ በካዉንስሊንግ ሳይኮሎጂ የትምህርት ክፍል ለድህረ ምረቃ ጥናት የመመረቂያ ጹሁፍ ማሟያ ነው፡

ይህ መጠይቅ በ ሀዋሳ ዩኒቨርሲቲ ኮንፕርሂንሲፍ ስፔሻላይዝድ ሆስፒታል ውስጥ በተመላላሽ ለሚታከሙ የአዕምሮ ህመም ተጠቂ የቤተሰብ አባል ላላቸው ተንከባካቢዎች ታስቦ የተዘጋጀ ሲሆን አላማውም የአእምሮ ህመም ያለበት ቤተሰብ ያላቸው ሰዎች የሚደርስባቸውን የአእምሮ መታወክ ወይም የስነ ልቦና መረበሽ/ጫና ከሚደርስባቸው መድሎ፣አለን ብለው ከሚያስቡት የማህብረሰብና የቤተሰብ ድጋፍ እና አጠቃላይ መረጃቸው ጋር ያለውን ግንኙነት ለማወቅ ታስቦ የተዘጋጀ መጠይቅ ነው።

ለዚህ መጠይቅ የተሰጠው መረጃ ሚስጥራዊነቱ የተጠበቀ እና ለትምህርት አላማ ብቻ የሚውል እንደሆነ ላረጋግጥለዎት እወዳለሁ፡ ስሞን መጻፍ አያስፈልግም።

መጠይቁ 4 ክፍሎች ያሉት ሲሆን፡ የዚህ ጥናት አላማ ግቡን የሚመታው በእናንተ በሚሰጠው መረጃ ተገቢነትና እውነተኝነት ላይ ተወስኖ መሆኑን ተረድታችሁ በመጠየቁ ላይ ያሉትን ጥያቄዎች በአግባቡ እና በእውነተኝነት እንድትሞሉ ና መጠይቁን እንድትመልሱ በትህትና እጠይቃለሁ።

በዚህ ጥናት ተሳታፊ ለመሆን ፍቃደኛ ከሆኑ ፈቃደኛ ነኝ በሚለዉ ሳጥን ዉስጥ የ(√) ምልክት በማስቀመጥ ወደሚቀጥለዉ ገፅ ይሂዱ.

በዚህ ጥናት ለመሳተፍ ፈቃደኛ ነዎት አዎ ---------- ኤደለሁም--------

አመሰግናለሁ!

ክፍል አንድ፡- የግል ሁኔታ የተመለከቱ ጥያቄዎች። መመሪያ፡- እባኮዎትን ለሚከተሉት ጥያቄዎች በሚመለከቶት መልስ ላይ የ(√) ምልክት ያድርጉ።

የካርድ ቁጥር፡----------

ተ.ቁ	ጥያቄ	መልስ	
	ፆታ	1. ወንድ	
		2.. ሴት	
2	እድሜ	1. 18-29	
		2. 30-49	
		3. 50+	

3	የጋብቻ ሁኔታ	1. ያላገባ	
		2. ያገባ	
		3. የተፋታ	
		4. በሞት የተለየ	
4	ከህመምተኛው ያለዎት ጋር ዝምድና	1.እናት	
		2.አባት	
		3.እህት	
		4.ወንድም	
		5.ሚስት	
		6.ባል	
		7.ልጅ	
		8.ሌላ	
5	የትምህርት ደረጃ	1.ማንበብና መፃፍ የማይችል	
		2.አንደኛ ደረጃ ት/ቤት 1-8	
		3.ሁለተኛ ደረጃ ት/ቤት 9-10	
		4.መሠናዶ ት/ቤት 11-12	
		5.ኮሌጅና ከዛበላይ	
6	የስራ ሁኔታ	1.የመንግስት ሰራተኛ	
		2. የግል ስራ	

		3. የመንግስት ያልሆነ	
		4. ነጋዴ	
		5. ገበሬ	
		6. ተማሪ	
		7. ሌላ፡----------	
7	የኑሮ ሁኔታ		
		1.ከቤተሰብ ጋር	
		2.ለብቻ	
		3.ከባል/ሚስት ጋር	
		4.ሌላ	
8	የሚኖሩበት ቦታ	1. ከተማ	
		2. ገጠር	
9	ለስንት አመት ያህል አስታመሙ	1. 3-6 ወራት	
		2. 7-11 ወራት	
		3. 1-3 ዓመት	
		4. ›3 ዓመት	

ክፍል 2 ፡-የታካሚው የግል ሁኔታ

መመሪያ፡ ይህ የመጠይቁ ክፍል የታከሚ ዘመድዋን የግል እና የህመም ሁኔታ የተመለከተ ነው እባክዋት ትክክለኛ ነው በሚሉት መልሰ ላይ የ (√) ምልክት ያድርጉ፡፡

ተ.ቁ	ጥያቄ	መልስ	
1	ፆታ	1.ወንድ	
		2.ሴት	
2	እድሜ	1. 18-29	
		2..30-49	
		3.60+	
3	ለስንት አመት ያህል ታመሙ	1. 3-6 ወራት	
		2. 7-11 ወራት	
		3. 1-3 ዓመት	
		4. ›3 ዓመት	
4	የትምህርት ደረጃ	1. 1.ማንበብና መፃፍ የማይችል	
		2.አንደኛ ደረጃ ት/ቤት1-8	
		3.ሁለተኛ ደረጃ ት/ቤት 9-10	
		4.መሠናዶ ት/ቤት 11-12	
		5.ኮሌጅና ከዛበላይ	
5	የሱስ ልማድ አለቦት	1. አዎ	

		2. አይ	
6	በየ ስንት ጊዜ የህክምና ክትትል ያደርጋሉ	1.በሣምንት	
		2.በየወሩ	
		3.በየ2 እና 3ወር	
		4.በየ6 ወር	
		5፣በዓመት	

ክፍል-3 የማህበራዊ ድጋፍ መጠይቅ

መመሪያ፡ ይህ የመጠይቅ ክፍል 3 ጥያቄዎች ያሉት ሲሆን ከ ማህበረሰቡና ከ ቤተሰብዎ የሚያገኙትን ድጋፍና ተዛማጅ ጉዳዮች ይዳስሳል፡ እባክዎትን ከተሰጡት አማራጭዎች ውስጥ እርስዎን በሚገልጻ መልስ ላይ ያክብቡ።።

1. በጣም የሚቀርቦት እና በከባድ የግል ችግር ጊዜ የሚደርሱሎት ስንት ሰዎች ይሆናሉ (አንድ አማራጭ ብቻ ይጠቀሙ)

    1. የሉም
    2. ከ1- 2 ሰዎች

3. ከ 3 – 5ሰዎች

4. ከ 5 በላይ ሰዎች

2. ለታካሚው በሚያደርጓቸው ነገሮች ሰዎች ምን ያህል ትኩረትና ፍላጎት ያሳያሉ (አንድ አማራጭ ብቻ ይጠቀሙ)

1. ምንም ፍላጎትና ትኩረት
2. ትንሽ ፍላጎትና ትኩረት
3. እርግጠኛ አይደለሁም
4. መጠነኛ ፍላጎትና ትኩረትበጣም
5. ብዙ ፍላጎትና ትኩረት

3. እርዳታ የግድ በሚያስፈልግዎ ጊዜ ከጎረቤቶት እርዳታ ማግኘት ምን ያህል ቀላል ነው (አንድ አማራጭ ብቻ ይጠቀሙ)።

1. በጣም አስቸጋሪ
2. አስቸጋሪ
3. የሚቻል
4. ቀላል
5. በጣም ቀላል

ክፍል-4 ያጋጠሞት የመድሎ እና መገለል ሰሜት አስመልክቶ የተዘጋጁ ጥያቄዎች የዐዕምሮ ህመም ተጠቂ የሆነየቤተሰብ አባል ለሚንከባከቡ ሰዎች፡፡

መመሪያ፡- ይህ የመጠይቅ ክፍል የአዕምሮ ታማሚ ቤተሠብ ስላሎ ያጋጠሞትን መድሎ የሚዳስስ ክፍል ነው፡ ከዚህ በታች ለተዘዘሩት ጥቄዎች የተዘጋጁትን የመልስ አማራጮች በመጠቀም እርሶን የሚገልፀውን እና የሚስማማዎትን መልስ ይስጡ:: ስለዚህ ለመጀመሪያዎቹ 4 ጥያቄዎች መልሶዎት **በጭራሽ** ከሆነ (1) **በጣም በትንሹ** ከሆነ (2) **አልፎ አልፎ** ከሆነ (3) **አብዛኛውን ጊዜ** ከሆነ (4) **ሁልጊዜ** ከሆነ (5) ቁጥር ላይ ያክብቡ፡፡ ለቀሪዎቹ 3 ጥያቄዎች ደግሞ መልሶት **አይ** ከሆነ (1) **እርግጠኛ አይደለሁም** ከሆነ (2) **አዎ** ከሆነ (3) ቁጥር ላይ ያክብቡ

ተ.ቁ	ጥያቄ	በጭራሽ	በጣም በትንሹ	አልፎ አልፎ	አብዛኛውን ጊዜ	ሁል ጊዜ
1	ሠዎች የአዕምሮ ህመም ተጠቂዎችን ዝቅ አርገው ያያሉ ብለው ያስባሉ?	1	2	3	4	5
2	አብዛኛው ሠው የአዕምሮ ህመም ተጠቂዎችን ይፈራል ብለው ያስባሉ?	1	2	3	4	5
3	ታማሚ ዘመድዋ የአዕምሮ ህመም ተጠቂ ሰለሆኑ መድሎ ደረሰባቸው ያውቃል?	1	2	3	4	5

4	በታካሚ ዘመድዎ የአዕምሮ ህመም ተጠቂነት የተነሳ እርሶ የመገለል ሰሜት ተሠምቶት ያውቃል?	1	2	3	4	5

5	መድሎ የቤተሠቦችን ጎደኛ የማፍራትና አብሮ የመቆት ችሎታ ላይ ተፅዕኖ አሳድሯል?	አይ	እረግጠኛ አይደለሁም	አዎ
		1	2	3
6	መድሎ ከሌሎች ዘመዶቾት ጋር ባሎት ግንኙነት ላይ ተፅዕኖ አሳድሯል?	1	2	3

7	ያጋጠሞት መድሎ በቤተሠብዎ የህይወት ደስታና እርካታ ላይ አሉታዊ ተፅዕኖ አሳድሯል?	1	2	3

ክፍል-5 መመሪያ- የሚከተሉት ጥያቄዎች በለፉት **30 ቀናት** ውስጥ ምናልባት ሲረብሾት ከቆዩ አንዳድ ህመሞችና እና ችግሮች ጋራ ይያያዛሉ። ጥያቄው እርሶን እንደሚመለከት ካሰቡ እና ላለፉት **30 ቀናት** የተጠቀሠው ችግር አጋጥሞት ከነበረ፡ **አዎ** ብለው ይመልሱ። በሌላ በኩል ጥያቄው እንደማይመለከትዎት ካሰቡ እና ለለፉት **30 ቀናት** ውስጥ የተጠቀሰው ችግር ካልደረሰቦት፡- **አይ** ብለው ይመልሱ። እባክዋት መጠየቁን ሲሞሉ ከማንም ጋር አይመካከሩ።

ጥያቄውን እንዴት መመለስ እንዳለቦት እርግጠኛ ካልሆኑ፡ እባክዎት መስጠት የሚችሉትን ጥሩ መልስ ይስጡ።

ተ.ቁ	ባለፈት 30 ቀናት ውስጥ የደረሰ የጤና ችግር	አዎ	አይ
1	እራስ ምታት ብዙ ጊዜ ያሞታል?		
2	የምግብ ፋላጎትዋ ቀንሶል?		
3	በደንብ እንቅልፍ አይተኙም ወይ?		
4	በቀላሉ ይደነግጣሉ?		
5	እጅዋ ይንቀጠቀጣል?		
6	የመንፈስ መጠበብ መጨቅ ሁኔታ አለብዎት?		
7	ምግብ ከበሉ በኋላ የመፈጨት ችግር ያጋጥሞታል?		
8	በትክክል ማሰብ ይቸግሮታል?		
9	ደስታ የማጣት ሰሜት አሎት?		
10	ያለበቂ ምክንያት አልቅስ አልቅስእንባ እንሎታል?		
11	በየቀኑ በሚሠሯቸው ስራዎች መደሰት ይቸግሮታል?		
12	የእለት ተእለት ተግባሮን ለመወሠን ይቸግሮታል?		
13	የእለት ተግባሮን ለመፈፀም ይቸገራሉ?		
14	በአካባቢዋ ጠቃሚ ተሳትፎ ማድረግ ያስቸግሮታል?		
15	በአንዳንድ ነገሮች ላይ የነበሮ ፍላጎት ወይም ስሜት አተዋል?		

16	የማልጠቅም ሰው ነኝ ብለው ያስባሉ?		
17	ህይወቴን ባታው ብለዉ አስበዉ ያዉቃሉ?		
18	ሁል ጊዜ ድካም ይሠማዎታል?		
19	የሆድ ወይም የጨግዋራ መረነሰሽ ያጋትሞታል?		
20	በቀላሉ ይደክሞታል?		

ሀዋሳ ዩኒቨርሲቲ
ህክምናና ጤና ሳይንስ ኮሌጅ
የምርምር ስነ-ምግባር ጉምጋሜ ቦርድ

HAWASSA UNIVERSITY
COLLEGE OF MEDICINE AND
HEALTH SCIENCES
Institutional Review Board

Ref. No: IRB/078/16
Date: 15/02/2024

Name of Researcher(s): **Mekdelawit Workneh, Adane Wako (Asst. Prof.)**

Topic of Proposal: ***The prevalence and associated factors of psychological distress among family caregivers of people with schizophrenia at Hawassa University Comprehensive Specialized Hospital out patient***

Dear researcher(s),
The Institutional Review Board (IRB) at the College of Medicine and Health Sciences of Hawassa University has reviewed the aforementioned research protocol with special emphasis on the following points:

1. Are all principles considered?
   - 1.1. Respect for persons: Yes ☑ No ☐
   - 1.2. Beneficence: Yes ☑ No ☐
   - 1.3. Justice: Yes ☑ No ☐
2. Are the objectives of the study ethically achievable? Yes ☑ No ☐
3. Are the proposed research methods ethically sound? Yes ☑ No ☐

Based on the aforementioned ethical assessment, the IRB has:

A. Approved the proposal for implementation ☑ Approval period -**15 FEB. 2024** to **14 FEB. 2025**
B. Conditionally Approved ☐ Element Approved: **Protocol Version No. 1**
C. Not Approved ☐ Follow up report expected in 6 months

Obligation of the PI:

1. Should comply with the standard international and national scientific and ethical guidelines
2. All amendment and changes made in protocol and consent form needs IRB approval
3. The PI should report SAE within 3 days of the event
4. End of study, including manuscript should be reported to the IRB

Yours faithfully,

Embialle Mengistie Bayene
(PhD, Asso.Professor)
Institutional Review Board Chairperson

☎: + 046 8209290 Website: Fax: + 046 2208755 ✉ 1560 CMHS, Hawassa-Ethiopia

ሀዋሳዩኒቨርሲቲ
የትምህርትና ስነ ባህሪ ሳይንስ ኮሌጅ
ሳይኮሎጂ ትምህርት ክፍል

Hawassa University
College of Education and Behavioral Sciences
Department of Psychology

ቁጥር
Ref No ሳ/ን/ሳ/301/16
ቀን
Date 2/05/16

ለሚመለከተው ሁሉ

ጉዳዩ፡-የዲፕሎማ ደብዳቤ ስለመስጠት ይሆናል

በዩኒቨርሲቲያችን የሳይኮሎጂ ትምህርት የድህረ ምረቃ ፕሮግራም ተማሪ የሆነው/ችው ወ/ሮ ቅድስላሮች ወርቅነህ በአሁኑ ሰዓት የመመረቂያ ጥናት በማከናወን ላይ ይገኛል/ ትገኛለች።

ተማሪውም/ዋም ጥናቱን የሚያካሂደው/ የምታካሂደው" The Prevalence and Associated Factors of Psychological distress Among Care Givers of People with Schizophrenia" በሚል የሚሰራ ርዕስ ላይ ሲሆን ለጥናቱ የሚያስፈልጉ መረጃዎችን በመስጠት በአናንተ በኩል አስፈላጊው ትብብር ይደረግለ/ይደረግላት ዘንድ በአክብሮት እንጠይቃለን።

ከሰላምታ ጋር

ዶ/ር ደርሴ ወርቅነህ አዳመ
የሳይኮሎጂ ትምህርት ክፍል ኃላፊ