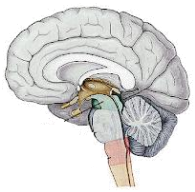
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THE RELATIONSHIP BETWEEN FAMILY BURDEN AND FAMILY ABILITY TO CARE FOR SCHIZOPHRENIA PATIENTS

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ABSTRACT

Caring for people suffering from schizophrenia is a challenge for other family members, as people with schizophrenia have a high dependence on the family. The need for daily care costs, most of them express financial difficulties, especially economic conditions/minimal family income. The aim of this research is to analyze the relationship between family burden and the family's ability to care for people with schizophrenia. The design of this research is analytical observational with a cross sectional approach. Samples were taken using non-probability sampling techniques in accordance with the inclusion and exclusion criteria of 60 respondents. Data collection uses a questionnaire. Statistical tests use the Spearman rank test. The results of the Spearman rank test showed that the variables that were related were family burden and the family's ability to care for people with schizophrenia, with a value of r = 0.123 and a significance value of 0.018 < 0.05. Based on research, it is known that the family has a strategic role in reducing the recurrence rate, improving their standard of living and using coping in caring for patients so that patients can adapt again to society and their social life. Family burden is an unpleasant effect of the condition of family members, this can lead to increased family economic pressure.

INTRODUCTION

Caring for a schizophrenic patient is a challenge for other family members, as the patient is highly dependent on those around them, especially family. The challenges families face include financial, mental, and social challenges, particularly stigma from surrounding communities. This stigma within the family presents a unique challenge. A meta-synthesis by Eghbal-Manesh et al. (2023) showed that families caring for schizophrenic patients experience multiple layers of stigma, and Li et al. (2024) found that affiliative stigma is associated with greater family burden. The burden or challenges experienced by the family will impact their ability to care for the client. Families who feel burdened will provide less than optimal care for the client. This is challenging for families as it can trigger stress. Families face various experiences in caring for schizophrenic patients, particularly the experience of family burden, which is a current global problem. The impact of the burden felt by the family will affect the family's ability to care for the patient; if the family is burdened, it is likely that the family will not be able to provide adequate care.

Schizophrenia is a mental disorder characterized by disharmony (cracks or breaks) between thought, emotional, volitional, and psychomotor processes, accompanied by distortions of reality caused by delusions and hallucinations, leading to incoherence. Both men and women can suffer from schizophrenia. Schizophrenia is also a psychotic condition that affects an individual's functional areas, including thinking, communicating, perceiving and interpreting reality, feeling and expressing emotions, and is a chronic illness characterized by chaotic thoughts, delusions, hallucinations, and bizarre behavior. Analysis of the Global Burden of Disease (GBD) shows that schizophrenia causes a large disability burden worldwide

despite its relatively low prevalence (Solmi et al., 2023), so its impact on the family as the primary caregiver cannot be ignored.

Family burden that can affect schizophrenia care is the level of unpleasant experiences within the family as a result of their family member's condition. This condition can lead to increased emotional and economic stress for the family. A conceptual analysis by Tamizi et al. (2019) defines family caregiver burden as a multidimensional experience encompassing objective burdens, such as the cost and time of care, as well as subjective burdens, such as emotional distress and shame. A meta-analysis by Peng et al. (2022) identified disease-related factors that increase caregiver burden, including symptom severity, patient disability, and disease duration. Thus, family burden and family caregiving capacity are interrelated aspects of caring for people with schizophrenia at home.

Based on the theoretical basis above, family burden and family caregiving capacity are important factors in caring for schizophrenia patients. Basic Health Research data shows that in Indonesia the total number of schizophrenia sufferers is 6.7 per 1,000 households, meaning that 6.7 out of every 1,000 households have a schizophrenic member. Most sufferers live and are cared for by their families, so the success of long-term care depends heavily on the family's capacity. Therefore, researchers are interested in conducting research on the relationship between family burden and the family's capacity to care for schizophrenia patients.

METHOD

This study used an analytical observational (non-experimental) design with a cross-sectional approach. The population in this study was 80 people. The sampling technique used was purposive sampling, so the sample data required was 66 respondents. The independent variable was family burden, while the dependent variable was the family's ability to care for a schizophrenic patient. Data on family burden and family ability were collected using a questionnaire. Prior to the study, a research ethics test was conducted to ensure it was suitable for testing on respondents. Analysis of the relationship between family burden and family ability to care for a schizophrenic patient used the Spearman Rank correlation test.

RESULTS AND DISCUSSION

The research results are presented in a table of respondent characteristics and described in the discussion. Respondent characteristics are presented in Table 1, while a summary of the research flow and main results are presented in Figure 1.

Table 1. Respondent Characteristics

Category	Frequency	Percent (%)
Age		
18-24 years old	9	15
25-29 years old	18	30
30-35 years	19	31
>35 years	14	23
Gender		
Woman	32	53
Man	28	46
Status		
Parent	8	13
Brother sister	11	18
You	27	45
Other	14	23

PARTICIPANTS

Sixty families caring for individuals with schizophrenia were recruited according to the predefined inclusion and exclusion criteria.

MEASUREMENTS

Family burden and family caregiving ability were assessed using validated questionnaires.

MAIN FINDINGS

Financial burden was the most frequently reported type of family burden. Most families demonstrated good caregiving ability.

STATISTICAL ANALYSIS

Spearman's rank correlation analysis showed a statistically significant positive correlation between family burden and caregiving ability (**Spearman's ρ = 0.123, p = 0.018**).

CONCLUSION

A statistically significant positive association was observed between family burden and the family's ability to care for individuals with schizophrenia.

Figure 1. Summary of the Flow and Results of the Research on the Relationship between Family Burden and the Family's Ability to Care for Schizophrenia Sufferers

Based on Table 1, data on respondent characteristics based on age were obtained, namely that the majority of respondents were aged 30 to 35 years, amounting to 19 respondents (31%). The majority of respondents were female, amounting to 32 respondents (53%), with the highest education of junior high school or equivalent, amounting to 33 respondents. The family status of respondents with schizophrenia patients was mostly related as siblings, with a total of 27 respondents (45%). This picture shows that family caregivers of schizophrenia patients are generally productive adult family members who also have other economic and social responsibilities, so that the burden of care goes hand in hand with the demands of their daily roles.

Based on the research results, data showed that the greatest burden on families is financial. This is in line with previous research conducted by Pardede et al. (2020), which stated that the burden felt by families is economic, which is related to the costs of care and treatment for schizophrenia patients. The burden felt by families can include the burden of treatment, which requires significant expenditures. Family burden is an unpleasant effect of a family member's condition, and this can lead to increased family economic stress. A meta-analysis by Peng et al. (2022) confirmed that socioeconomic factors and the severity of the patient's condition are important determinants of the burden on family caregivers of schizophrenia patients.

Regarding daily care costs, most families expressed financial difficulties, especially with limited economic conditions or family income. Mental disorders place a heavy burden on families, both mentally and financially, as sufferers are unable to be productive. Psychiatric care is expensive due to the long-term nature of the disorder. The costs of treatment that patients must bear include not only those directly related to medical services, such as medication and consultation fees, but also specific costs such as transportation to the hospital and other accommodation costs. Such conditions undoubtedly force families to work hard to meet their needs, while also trying to set aside any remaining assets and be frugal. Rhee and Rosenheck (2019) demonstrated that improvements in symptoms and quality of life in patients with chronic schizophrenia were associated with reduced caregiver burden, suggesting that good symptom management ultimately reduces the family's economic and emotional burden. Challuri and Grace (2019) also reported high burdens on partners of schizophrenics.

The next burden is meeting the patient's medication needs to prevent relapse. People with severe mental disorders such as schizophrenia require relatively long-term treatment; first-episode schizophrenia typically requires at least one year to prevent recurrence. Most schizophrenia patients do not immediately receive appropriate treatment upon their first illness; many patients initially try alternative therapies. The length of time a schizophrenia patient receives help is related to their recovery prospects. In some cases, schizophrenia patients frequently relapse due to frequent discontinuation of treatment. This is because patients often feel they are not sick and ultimately refuse treatment. This is one of the biggest obstacles in dealing with schizophrenia patients: the lack of awareness of their illness makes treatment very difficult. The role of the family is crucial to ensure patient adherence to medication as prescribed. In some cases of recurrent schizophrenia, lifelong treatment is the most recommended option, taking into account the patient's condition. Many patients can regain a good quality of life by taking medication. A Cochrane review by Chien et al. (2024) showed that family-based interventions helped treatment continuity and reduced relapse, so that support for families in this treatment task has a strong evidence base.

Another family burden is coping when a family member with a mental illness relapses. Families vary in their approach: some simply ignore the patient and monitor them to prevent damage, others tie them up, take them to a mental hospital, and even resort to alternative treatments. This diversity reflects the confusion and pressure involved in providing treatment. During a relapse, schizophrenia patients can experience hallucinations and delusions, impaired thinking and speech, behavioral abnormalities, affective and emotional problems, and cognitive decline. Furthermore, patients often experience suicidal or homicidal ideation, may endanger themselves or their environment due to anxiety, refuse to eat or drink, endangering their survival, and engage in self-neglect, a condition in which the patient fails to care for

themselves and maintain hygiene independently, such as eating, bathing, defecating, urinating, and so on. These patient behaviors place a burden on the family, leading to a crisis and stress. A Cochrane review by Ma et al. (2022) on behavioral family interventions indicates that equipping families with crisis management skills is a crucial component of family interventions for schizophrenia.

Another material burden on families is providing housing. Most participants attempted to place the person with mental illness in a separate room or back room of the house, even tying them up. This action was taken by families for the safety of other family members and the surrounding community. Individuals with mental illness should not be isolated; caution is acceptable, but family supervision and attention, as well as the provision of a decent living environment, are the rights of everyone, including those with mental illness. Families receive support in caring for a family member with mental illness from relatives or other family members, neighbors, and government agencies. Social support from various parties can ease the burden on families in helping care for a sick family member. Social support is very beneficial in overcoming problems and is a manifestation of caring, appreciation, and love. This is in line with Sustrami et al. (2023), who found a relationship between social support and caregiver burden for families of schizophrenic patients, as well as the structural equation model of Sustrami et al. (2024), which places family and environmental factors as determinants of caregiver burden.

Based on the research results, data obtained showed that the ability of families to care for people with schizophrenia is mostly the ability to care for their families well. This is consistent with previous research which stated that the ability of families to care for patients with schizophrenia mental disorders can affect the patient's recovery rate: the higher the level of family ability to care for the patient, the higher the patient's recovery rate. This is because families can provide more effective support to patients. Families play a role as caregivers to maximize their ability to prevent health problems and/or care for sick family members. The results of this study are consistent with previous research which stated that most families are able to care for people with mental disorders, and families who are able to care for people with mental disorders show a positive attitude. Similar findings were reported by Patricia et al. (2019) on the relationship between family burden and caregiver ability in caring for clients with schizophrenia, as well as Rokayah et al. (2020) on families caring for patients with hallucinations.

Families acting as caregivers must thoroughly understand the type of mental disorder the patient is suffering from, the causes or triggers of the disorder, the correct medication administration method, the recommended dosage, the side effects of the treatment, possible relapse symptoms, and attitudes to demonstrate and avoid while caring for a patient with a mental disorder. A lack of such knowledge can lead to a diminished role in caring for patients with mental disorders during home care. This is consistent with research showing that families with poor knowledge or a low understanding of the treatment of patients with mental disorders tend to increase the frequency of relapses. The higher the level of knowledge possessed by families as caregivers, the greater the informational support they can provide to the patient. Intervention evidence supports this: psychoeducation has been shown to increase caregiver knowledge and reduce perceived burden (Thimmajja & Lazarus Rathinasamy, 2019), and health education improves families' ability to care for patients with schizophrenia and hallucinations (Herawati & Afconneri, 2021).

The results of the study showed a Spearman Rank correlation with a p-value of 0.018, which means less than 0.05, so H0 was rejected and it was concluded that there was a relationship between family burden

and the ability to care for schizophrenia patients. The coefficient number obtained was 0.123, which means the direction of the relationship is positive. In line with the research of Patricia et al. (2019), the ability to care for schizophrenia patients is a skill that must be practical, so as to help families with certain conditions in achieving a more independent and enjoyable life. The family is the main source of support for the care of patients with severe mental disorders when they are in the community. The family's experience while caring for a family member with schizophrenia is a burden for the family, including psychological burdens in the categories of feeling disappointed because the client does not want to take medication, despair about the client's condition, anger and fear of the client's behavior, and feeling ashamed of the surrounding neighbors. For schizophrenia patients to improve, family support is needed, where family support is one of the interventions that can be done to increase patient compliance in undergoing treatment, because patients who undergo treatment will certainly return home, so that the family becomes the caregiver in further treatment for the patient. Families are able to care for patients well when the family is willing to accept the patient's condition and is motivated to help the patient until he recovers and the condition does not relapse.

The correlation coefficient of 0.123 should be read with caution: the relationship found is statistically significant, but the strength of the relationship is very weak. This means that family burden is related to caregiving ability, but burden is not the sole determinant of family capacity. Research by Kusumah (2022) shows that coping strategies and self-efficacy influence family capacity to care for schizophrenic patients, in addition to family burden. Conversely, Wijoyo et al. (2021) found that family capacity can actually reduce family burden in caring for schizophrenic patients, indicating a bidirectional relationship between the two variables. Addiba et al. (2020) linked burden to the family's ability to care for the patient's daily living activities, Fitri et al. (2020) emphasized the role of family attitudes toward caregiver burden, Ilma Al Wasi et al. (2021) linked knowledge and stigma to family burden, and Amalia and Septilla (2025) found a relationship between empathy and caregiver burden. Families are expected to be able to care for and determine the necessary home care for schizophrenia patients, thereby helping to reduce the relapse rate. Families play a strategic role in reducing relapse rates, improving patients' quality of life, and utilizing coping strategies to help patients adapt back to society and their social lives.

These findings are reinforced by broader international evidence. Qiu et al. (2023) demonstrated that patient disability is associated with family caregiver burden in China, with potentially harmful behaviors, affiliative stigma, and social support acting as intermediaries. Families' experiences of stigma were also confirmed in a meta-synthesis by Eghbal-Manesh et al. (2023) and a study by Li et al. (2024). From an intervention perspective, Begam and Baruah (2021) demonstrated that psychoeducation effectively reduced family emotional expression, which is associated with patient relapse. Nationally, health education has been shown to improve families' ability to care for patients with schizophrenia (Putri & Ulya, 2022). This body of evidence places these research findings within a consistent picture: family capacity can be built through knowledge, skills, and support, while unmanaged burden erodes it over time.

The implications of these findings for psychiatric nursing practice are quite straightforward. Nurses need to simultaneously assess family burden and capacity, not just the patient's condition, as the two influence each other. Possible interventions include family psychoeducation about schizophrenia, treatment, signs of relapse, and crisis management; training in daily care skills; and facilitating social support and referrals for financial assistance for families with significant financial burdens. Cochrane

reviews by Chien et al. (2024) and Ma et al. (2022) show that family-based interventions reduce relapse and hospitalization, thus investing in the family benefits the patient, the family, and the healthcare system. Researchers argue that family capacity and family burden are closely related: the burden felt by the family is psychosocial and the burden of care, where the family must understand each patient's condition, both subjective and objective. Understanding this information will ease the burden of caring for the patient with schizophrenia.

Several limitations should be noted to ensure these findings are interpreted fairly. The cross-sectional design does not allow for causal conclusions, particularly since the relationship between burden and family capacity likely runs in both directions. The very weak correlation coefficient suggests that much of the difference in family capacity is explained by factors other than burden, such as knowledge, coping, self-efficacy, and social support, which were not measured simultaneously in this study. Measurements of burden and capacity relied on self-report questionnaires, and the study was conducted in a single region using purposive sampling techniques, so generalizations should be made with caution.

CONCLUSIONS AND SUGGESTIONS

The biggest family burden is financial, this is because the medical costs that must be borne by the family and patient are quite large. Costs can be related to medical services such as the price of drugs, consultation services, and transportation costs. The ability of families to care for schizophrenia patients in this study is a good caregiving ability, because the family's ability to care for schizophrenia patients affects the patient's recovery rate: the higher the level of family caregiving ability, the higher the patient's recovery rate. There is a relationship between family burden and the family's ability to care for schizophrenia patients ($p = 0.018$; $r = 0.123$), which indicates that respondents who have a light family burden will have a good ability to care for family members with schizophrenia.

For families and healthcare professionals, ongoing psychoeducation and support are recommended for families caring for people with schizophrenia, including knowledge about the disease, treatment, signs of relapse, and how to handle relapses, as well as support to ease the family's financial burden. Nurses in primary care should regularly assess the family's burden and capacity to ensure that heavily burdened families receive early intervention.

For future researchers, it is recommended to use a longitudinal design, involving intermediary variables such as knowledge, coping strategies, self-efficacy, and social support, as well as expanding the area and number of samples so that the relationship between family burden and caregiving ability can be explained more completely, including the direction of cause and effect.

REFERENCE

Addiba, A., & Choiriyyah, Z. (2020). Hubungan Beban dengan Kemampuan Keluarga Merawat Activity Of Daily Living (ADL) Pasien Skizofrenia. *Journal of Holistics and Health Science, 2*(2), 13–21. https://doi.org/10.35473/jhhs.v2i2.49

Amalia, D. R., & Septilla, A. E. (2025). The Relationship between Empathy and Caregiver Burden among Family Caregiver of People with Schizophrenia (PWS). *Jurnal Ilmiah Psikologi MIND SET, 16*(1), 84–96. https://doi.org/10.64228/bqq1cr91

Begam, B., & Baruah, A. (2021). Effectiveness of Psychoeducation on Expressed Emotion of Family Members and as Perceived by the Patient with Schizophrenia. *Eastern Journal of Psychiatry, 23*(1), 21–26. https://doi.org/10.5005/jp-journals-11001-0009

Challuri, P., & Grace, B. S. (2019). A Study of Caregiver Burden in Spouses of Patients with Schizophrenia. *International Journal of Contemporary Medical Research [IJCMR], 6*(8). https://doi.org/10.21276/ijcmr.2019.6.8.13

Chien, W. T., Ma, D. C. F., Bressington, D., & Mou, H. (2024). Family-based interventions versus standard care for people with schizophrenia. *Cochrane Database of Systematic Reviews, 2024*(10). https://doi.org/10.1002/14651858.cd013541.pub2

EghbalManesh, A., Dalvandi, A., & Zoladl, M. (2023). The experience of stigma in family caregivers of people with schizophrenia spectrum disorders: A meta-synthesis study. *Heliyon, 9*(3), e14333. https://doi.org/10.1016/j.heliyon.2023.e14333

Fitri, N., Winahyu, K. M., & Frathidina, Y. (2020). The Relationship between Family Attitude and Family Caregiver Burden of Patients with Schizophrenia in Tangerang. *Jurnal Ilmiah Keperawatan Indonesia [JIKI], 3*(1), 67. https://doi.org/10.31000/jiki.v3i1.2663

Herawati, N., & Afconneri, Y. (2021). Pengaruh Pendidikan Kesehatan terhadap Kemampuan Keluarga Merawat Pasien Skizofrenia dengan Halusinasi. *Jurnal Keperawatan Jiwa, 9*(2), 435. https://doi.org/10.26714/jkj.9.2.2021.435-444

Ilma Al Wasi, Z., Putri, D. E., & Renidayati, R. (2021). Hubungan Pengetahuan dan Stigma pada Keluarga dengan Beban Keluarga Dalam Merawat Pasien Skizofrenia di Wilayah Kerja Puskesmas Nanggalo Padang. *Jurnal Sehat Mandiri, 16*(2), 57–68. https://doi.org/10.33761/jsm.v16i2.326

Kusumah, R. I. (2022). Pengaruh beban keluarga, strategi koping dan self efficacy terhadap kemampuan keluarga dalam merawat pasien skizofrenia di wilayah kerja puskesmas baros kota sukabumi. *Jurnal Kesehatan Indra Husada, 10*(2), 121–131. https://doi.org/10.36973/jkih.v10i2.431

Li, Y., Qiu, D., Wu, Q., Ni, A., Tang, Z., & Xiao, S. (2024). Affiliate stigma and its association with family burden among family members of people living with schizophrenia in China. *Schizophrenia Research, 267*, 193–200. https://doi.org/10.1016/j.schres.2024.03.046

Ma, C. F., Chien, W. T., Chan, S. K. W., & Wong, C. L. (2022). Behavioural family interventions versus structural family interventions for people with schizophrenia. *Cochrane Database of Systematic Reviews, 2022*(8). https://doi.org/10.1002/14651858.cd014970

Pardede, J. A., Siregar, L. M., & Halawa, M. (2020). Beban dengan Koping Keluarga Saat Merawat Pasien Skizofrenia yang Mengalami Perilaku Kekerasan. *Jurnal Kesehatan, 11*(2), 189–196. https://doi.org/10.26630/jk.v11i2.1980

Patricia, H., Rahayuningrum, D. C., & Nofia, V. R. (2019). Hubungan beban keluarga dengan kemampuan caregiver dalam merawat klien skizofrenia. *Jurnal Kesehatan Medika Saintika, 10*(2), 45. https://doi.org/10.30633/jkms.v10i2.449

Peng, M. M., Xing, J., Tang, X., Wu, Q., Wei, D., & Ran, M. S. (2022). Disease-Related Risk Factors for Caregiver Burden among Family Caregivers of Persons with Schizophrenia: A Systematic Review and Meta-Analysis. *International Journal of Environmental Research and Public Health, 19*(3), 1862. https://doi.org/10.3390/ijerph19031862

Putri, S. B., & Ulya, R. (2022). Pengaruh Pendidikan Kesehatan Terhadap Kemampuan Keluarga Merawat Pasien Skizofrenia. *Nan Tongga Health And Nursing, 17*(2), 50–57. https://doi.org/10.59963/nthn.v17i2.108

Qiu, D., Li, Y., Wu, Q., An, Y., Tang, Z., & Xiao, S. (2023). Patient's disability and caregiver burden among Chinese family caregivers of individual living with schizophrenia: mediation effects of potentially harmful behavior, affiliate stigma, and social support. *Schizophrenia, 9*(1). https://doi.org/10.1038/s41537-023-00418-0

Rhee, T. G., & Rosenheck, R. A. (2019). Does improvement in symptoms and quality of life in chronic schizophrenia reduce family caregiver burden?. *Psychiatry Research, 271*, 402–404. https://doi.org/10.1016/j.psychres.2018.12.005

Rokayah, C., Novian, F. D., & Supriyadi, S. (2020). Beban Keluarga Berhubungan dengan Kemampuan Keluarga dalam Merawat Pasien Halusinasi. *Jurnal Keperawatan Jiwa, 8*(1), 97. https://doi.org/10.26714/jkj.8.1.2020.97-102

Solmi, M., Seitidis, G., Mavridis, D., Correll, C. U., Dragioti, E., Guimond, S., Tuominen, L., Dargél, A., Carvalho, A. F., Fornaro, M., Maes, M., Monaco, F., Song, M., Il Shin, J., & Cortese, S. (2023). Incidence, prevalence, and global burden of schizophrenia - data, with critical appraisal, from the Global Burden of Disease (GBD) 2019. *Molecular Psychiatry, 28*(12), 5319–5327. https://doi.org/10.1038/s41380-023-02138-4

Sustrami, D., Yusuf, A., Fitryasari, R., Efendi, F., & Aysha, R. F. (2023). Relationship between social support and family caregiver burden in schizophrenia patients. *Journal of the Pakistan Medical Association, 73*(2), S42–S45. https://doi.org/10.47391/jpma.ind-s2-10

Sustrami, D., Suhardiningsih, A. S., Setyowati, A., Fauk, N. K., & Arifin, H. (2024). Family caregiver burden in schizophrenia: A structural equation model of caregiver, patient, environmental, and family function factors. *Jurnal Keperawatan Padjadjaran, 12*(3), 261–269. https://doi.org/10.24198/jkp.v12i3.2599

Tamizi, Z., Fallahi-Khoshknab, M., Dalvandi, A., Mohammadi-Shahboulaghi, F., Mohammadi, E., & Bakhshi, E. (2019). Defining the concept of family caregiver burden in patients with schizophrenia: a systematic review protocol. *Systematic Reviews, 8*(1). https://doi.org/10.1186/s13643-019-1182-6

Thimmajja, S. G., & Lazarus Rathinasamy, E. V. (2019). Effectiveness of psycho-education on knowledge regarding schizophrenia and caregivers' burden among caregivers of patients with schizophrenia – a randomized controlled trial. *Family Medicine & Primary Care Review, 21*(2), 104–111. https://doi.org/10.5114/fmpcr.2019.84552

Wijoyo, E. B., Nopiyanah, S., & Umara, A. F. (2021). Kemampuan Keluarga Menurunkan Beban Keluarga dalam Merawat Pasien Skizofrenia. *Journal Center of Research Publication in Midwifery and Nursing, 5*(2), 56–66. https://doi.org/10.36474/caring.v5i2.208