

Abstract

Two studies are carried out sequentially to understand the antecedents and consequences of caregiving to ill parents in families. The first study adopting a qualitative paradigm examines the influence of family environment on young carers' mind, the assistance young carers provide, and the effects of young caregiving. Fifty young carers and 50 non-young carers were interviewed. Five cards of Thematic Apperception Test were given to construct stories to unfold the needs and pressures operating on children and two open ended questions were asked to carers regarding the assistance and effects of caregiving. Of the 250 stories of carers and non-carers each, 96 percent stories of carers and 64 percent stories of non-carers express about health and illness. The content analysis of stories reveals that young carers express more nurturance, endurance, sympathy, affiliation, anxiety, dejection, awareness, aggression, harm avoidance, and conflict than non-young carers. Caring environment influences the mind of the children. Content analysis of replies to two open-ended questions reveals that young carers provide more domestic and emotional care to care-recipients. Young carers express low concentration, anxiety, insecurity, helplessness, and responsibility for the life. The negative effects are more than the positive ones. The second study adopting a quantitative paradigm investigates the physical, mental, and social health, experiences, and behavior of young carers against different types of diseases of parents. It also develops and validates an instrument/scale to assess caregiving of young carers, and examines the antecedents of caregiving. Data were collected interviewing 250 young carers from a hospital at Cuttack, and from slums, garages, and hotels in Bhubaneswar and Cuttack, Odisha (India). Descriptive statistics, ANOVA, Pearson correlation, factor analysis, and structural regression models (SRMs) were used to analyze the data. Results revealed that carers of chronically ill parents suffer from more adverse physical and social health than mentally ill and substance abuse parents. But carers of mentally ill parents suffer from more adverse mental health. Carers of mentally ill and substance abuse parents have more negative personal experiences than the carers of chronically ill parents. Caregiving scale has high discriminative power and constructs of the scale have high reliability. Confirmatory factor analysis of the scores on 20 items of the scale confirms the four conceptual dimensions of the caring including intimate, domestic, administrative, and emotional care. The more is the caregiving activity, the more is the time spent in that activity. More caregiving is associated with less age, female gender, small family, low socioeconomic status, more awareness, adverse relationships with parents, and chronic illness of parents. Young carers need to be given health-related information that can make them efficient providing health-related services to parents and respite care can free them from continuous caregiving.

Keywords: Caregiving, caregiving environment, chronic illness, mental illness, substance abuse and young carers.