

INVESTIGATING INFORMAL CAREGIVER BURDEN IN FAMILIES OF PEDIATRIC CANCER PATIENTS

Wania Imtiaz¹, Irum Ghafoor¹, Haroon Hafeez¹, Mohammad Adil Akhter²

¹Department of Internal Medicine, Shaukat Khanum Memorial Cancer Hospital and Research Centre, Lahore, Pakistan.
²Department of Pediatric Oncology, Shaukat Khanum Memorial Cancer Hospital and Research Centre, Lahore, Pakistan..

OBJECTIVE

Caring for a child with cancer can impose substantial physical, psychological, social, and financial demands on family members. These challenges may be particularly pronounced in settings where formal caregiving support is limited. Evidence regarding caregiver burden among families of pediatric cancer patients in Pakistan is limited. This study assessed the level of caregiver burden and identified factors associated with caregiver burden among informal caregivers of pediatric cancer patients.

METHODS

A cross-sectional study was conducted among 160 informal caregivers of pediatric cancer patients at Shaukat Khanum Memorial Cancer Hospital and Research Centre, Lahore. Eligible participants were adult caregivers of children diagnosed with cancer for at least six months. Caregiver burden was assessed using the 22-item Modified Zarit Burden Interview Scale (MZBIS), scored from 0 to 88, with higher scores indicating greater burden. Scores of 0–20, 21–40, 41–60, and ≥61 represented little/no, mild-to-moderate, moderate-to-severe, and severe burden, respectively. For inferential analysis, caregiver burden was dichotomized as no/minimal burden (≤20) and burden (≥21). Factors associated with caregiver burden were assessed using bivariate analysis followed by multivariable binary logistic regression; adjusted odds ratios (aORs) with 95% confidence intervals (CIs) were reported.

RESULTS

Caregiver burden was common among informal caregivers of children with cancer, affecting approximately seven in ten caregivers. Older caregiver age, lower income, caregiver relationship to the patient, and younger patient age were important factors associated with burden.

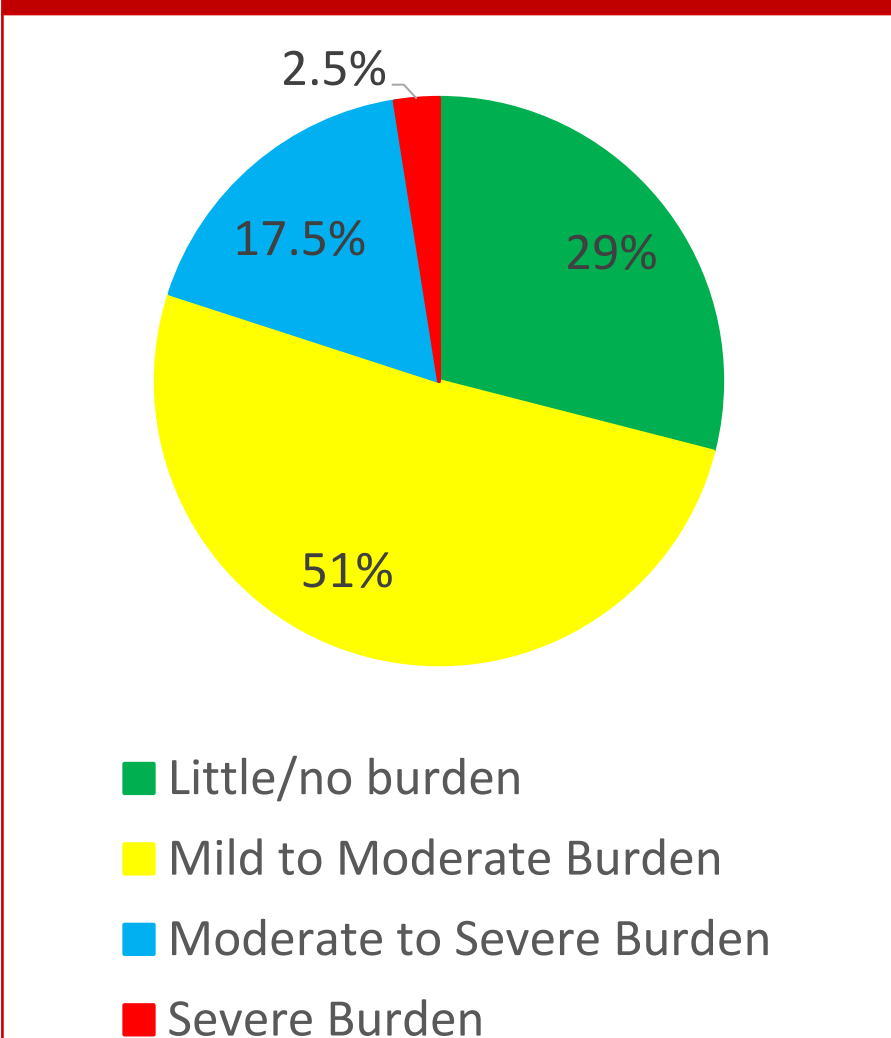
TABLE 1. BIVARIATE ASSOCIATION

Variable	Burden %	No Burden %
Caregiver gender		
Male	67	33
Female	76	24
Marital status		
Single	52	48
Married	73	27
Widow/widower	0	100
Employment status		
Not employed	72	28
Employed	70	30
Educational level		
Illiterate	78	22
Primary	75	25
Secondary	60	40
Undergraduate	25	75
Postgraduate	71	29
Monthly income		
5,000 – 34,000	82	18
35,000 – 64,000	62	38
65,000 – 94,000	61.5	38.5
≤ 94,000	50	50
Relation to patient		
Mother	81	19
Father	70	30
Others*	56	44
Total number of caregivers		
0-1	70	30
2-3	73	27
More than 3	65	35
Number of other children		
0	61	39
1	64	36
2	82.5	17.5
More than 2	70	30

TABLE 1 (Cont). BIVARIATE ASSOCIATION

Variable	Burden %	No Burden %
Patient sex		
Male	67	33
Female	75	25
Time since treatment started		
6-11 months	73	27
12-24 months	70	30
>2 years	62	38
Disease relapse		
Yes	65	35
No	72	28
Functional level		
Independent	66	34
Requires assistance	78	22
Completely dependent	100	0

ZBI – 22 SEVERITY



CONCLUSION

Routine assessment of caregiver burden and targeted psychosocial and socioeconomic support, particularly for financially vulnerable families, may help reduce the impact of pediatric cancer caregiving.

