

# Understanding the Schizophrenia, Causes and Prevalence – A Qualitative Study

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**Abstract**—The discussion focused on the poor state of community-based care for schizophrenia patients in India. Most patients are treated in large mental hospitals that are isolated from the communities they serve. Although the government has introduced initiatives such as the revamped National Mental Health Program and the District Mental Health Program to improve accessibility, these efforts have largely been unsuccessful because of poor coordination, lack of consensus, and inadequate planning among state governments.

As a result, treatment mainly relies on medication to manage symptoms, while rehabilitation and psychosocial support services are often neglected or unavailable. To address these gaps, a group of mental health professionals, philanthropists, patients' families, and other stakeholders established the Schizophrenia Research Foundation to provide better support and services for schizophrenia patients.

**Index Terms**—Understanding Schizophrenia, Causes & Prevalence

## I. Introduction

The discussion highlighted the growing concern around schizophrenia care and stigma in India. Schizophrenia affects an estimated 3.5 million people in the country, representing approximately 0.3% to 1.4% of the population. Despite some improvements in clinical and community-based mental health services, major treatment gaps and strong societal stigma continue to pose significant public health challenges.

Key points discussed include:

- Mental health care in India still relies heavily on institutional treatment in large mental hospitals, with limited community-based support systems.
- Government initiatives such as the National Mental Health Program and the District Mental Health Program have aimed to improve accessibility, but progress has been hindered by poor coordination, lack of consensus, and insufficient planning among state governments.
- Current treatment approaches primarily focus on symptom management through medication, while rehabilitation and psychosocial interventions are often neglected or unavailable.
- Stigma was identified as a critical barrier to effective treatment and recovery. Understanding the social and cultural factors influencing stigma is considered essential for improving outcomes.
- Schizophrenia prevalence in India is estimated at about 3 per 1,000 individuals.
- The illness is reported to be more common in men, who also tend to develop schizophrenia approximately five years earlier than women.
- Gender differences were noted in symptom patterns and outcomes:

- Men generally experience more negative symptoms.
- Women tend to show more affective symptoms.
- Women often have better long-term outcomes in clinical recovery, occupational performance, and social functioning.
- To address gaps in care and rehabilitation, mental health professionals, philanthropists, patients' families, and other stakeholders established the Schizophrenia Research Foundation.

## II. Comprehensive Summary of the Notes

The discussion examined schizophrenia in India with a particular focus on stigma, gender differences, and the influence of socio-cultural factors on treatment, disability, and recovery outcomes.

## III. Background and Current Challenges

Schizophrenia affects an estimated 3.5 million people in India, with prevalence rates ranging from 0.3% to 1.4% of the population. Although mental health care services and community-based interventions have improved to some extent, major treatment gaps persist. Mental health care in India continues to rely heavily on institutional treatment through large psychiatric hospitals, while rehabilitation and psychosocial interventions remain limited or neglected.

Government initiatives such as the National Mental Health Program and the District Mental Health Program were introduced to improve access to mental health care, but implementation has been hindered by inadequate coordination, planning, and consensus among state governments.

To address these gaps, mental health professionals, philanthropists, families, and other stakeholders established the Schizophrenia Research Foundation to support research, rehabilitation, and community-based care.

## IV. Stigma and Cultural Influences

A central theme of the discussion was stigma associated with schizophrenia. Drawing on Erving Goffman's definition, stigma was described as a deeply discrediting attribute that reduces a person from being viewed as whole and accepted to being socially devalued.

Key observations included:

- Both men and women with schizophrenia experience stigmatization.
- Cultural beliefs strongly influence how stigma is expressed and experienced.
- Research on cultural dimensions of stigma remains limited.
- Scholars have suggested that stigma may vary significantly across cultures, especially in developing countries where social structures and family systems differ from Western societies.
- Studies conducted in Bangalore highlighted how illness experiences and stigma are shaped by cultural beliefs, social expectations, and patterns of behavior.

The discussion emphasized that understanding socio-cultural influences is essential for designing effective and culturally appropriate anti-stigma interventions.

## V. Gender Differences in Schizophrenia

The notes highlighted several important gender-based differences:

## Prevalence and Onset

- Schizophrenia is more common in men.
- Men typically develop schizophrenia approximately five years earlier than women.

## Symptoms

- Men tend to exhibit more negative symptoms.
- Women tend to show more affective or mood-related symptoms.

## Prognosis and Outcomes

- Women generally experience better long-term outcomes in:
  - clinical recovery,
  - occupational functioning,
  - and social functioning.

## Disability Patterns

Research findings showed different forms of disability linked to gender roles in Indian society:

- Men with schizophrenia were more affected in occupational functioning.
- Women experienced greater disability in marital functioning.

These findings were connected to traditional Indian gender expectations, where men are expected to fulfill economic responsibilities and women are often evaluated through marriage and family roles.

## VI. Family Expectations and Social Pressures

The discussion also explored how cultural gender expectations shape family attitudes toward schizophrenia:

- Families often have higher educational and occupational expectations for sons than daughters.
- Because schizophrenia in men tends to begin earlier, parents may feel personally responsible for their son's illness.
- Women generally develop schizophrenia later, often after leaving the parental home, leading parents to feel less self-blame regarding their daughter's condition.

These differing expectations and emotional responses may influence treatment experiences, stigma, and long-term recovery differently for men and women.

## VII. Causes of Schizophrenia

Schizophrenia does not result from a single cause. Instead, it develops through a complex interaction of genetic, biological, and environmental factors.

- **Genetics:**

Heredity plays a major role in the development of schizophrenia. Individuals with a close family member—such as a parent or sibling—who has the disorder are at a significantly higher risk. However, no single gene directly causes schizophrenia; rather, multiple genes contribute to vulnerability.

- **Brain Chemistry:**

Imbalances in neurotransmitters, especially dopamine and glutamate, are strongly associated with schizophrenia. These chemicals help brain cells communicate, and disruptions in their functioning may contribute to hallucinations, delusions, and other psychotic symptoms.

- **Brain Structure and Development:**

Brain imaging studies have shown subtle structural and functional differences in the brains of people with schizophrenia. Abnormal brain development before birth may lead to impaired neural connections and signaling pathways later in life.

- **Environmental Factors:**

Certain environmental stressors can increase the likelihood of developing schizophrenia, particularly in individuals who are already genetically vulnerable. These factors include severe childhood trauma, prenatal exposure to infections, complications during birth, and poor maternal nutrition during pregnancy.

- **Substance Use:**

The use of psychoactive or recreational drugs especially cannabis, cocaine, and amphetamines during adolescence or early adulthood may trigger psychotic episodes and increase the risk of schizophrenia in susceptible individuals.

## **VIII. Myths Related to Marriage and Schizophrenia**

In Indian society, especially among lower and middle socio-economic groups, traditional gender roles strongly influence attitudes toward marriage and mental illness. Women are often expected to fulfill the roles of homemaker and child-bearer. Because of these expectations, families may hide a woman's schizophrenia from a prospective husband and his family in order to secure marriage prospects. This creates a difficult dilemma. If the illness is disclosed, there is a possibility that the marriage proposal may be withdrawn because of the stigma associated with mental illness. On the other hand, if the illness is concealed and later discovered, it may lead to separation, divorce, or abuse after marriage.

Many women discontinue their medications after marriage either to hide their condition or because of financial difficulties, which can result in relapse of symptoms. In some cases, husbands and in-laws abandon women with schizophrenia or send them back permanently to their parental homes. Some women are neglected to the extent that they become homeless and are later found wandering in severe psychotic conditions. Individuals who remain unmarried are usually cared for by their parents. However, parents often face financial burdens and emotional stress, worrying about who will care for their son or daughter after their death.

These social beliefs and misconceptions highlight the stigma surrounding schizophrenia and marriage in Indian society. Greater awareness, education, family counseling, and social support are essential to reduce discrimination and improve the quality of life for people living with schizophrenia.

### **IX. Dilemmas Faced During Pregnancy and Childbirth in Women with Schizophrenia**

In India, cultural expectations strongly emphasize that a married woman should have a child within the first few years of marriage. Women who are unable to fulfill this expectation often face social pressure, criticism, and stigma from family members, relatives, and society. For women with schizophrenia, this pressure can become even more challenging, sometimes creating greater stigma than the illness itself. The support and attitude of the husband and in-laws play a crucial role in the woman's well-being after marriage. In many cases, women with schizophrenia may experience neglect, discrimination, or lack of emotional and financial support during pregnancy and childbirth. Their mental health needs are often ignored due to social expectations surrounding motherhood.

Child custody is another major concern. In some Indian families, custody of a male child is often taken over by the husband's family, while a female child may be sent with the mother back to her parental home. This places an additional emotional and financial burden on the woman's parents. The situation differs somewhat in many Western countries, where custody loss may result in children being placed in foster care regardless of gender. Fear of losing custody may cause some pregnant women with schizophrenia to hide their pregnancy or avoid hospitalization after childbirth, increasing the risk of medical and psychological complications.

Women with schizophrenia also face difficulties in parenting due to symptoms of the illness, social stigma, financial problems, and lack of family support. Therefore, mental health care during pregnancy and after childbirth is extremely important. Counseling, family education, parenting support, and community-based rehabilitation programs can help improve outcomes for both the mother and child. These dilemmas highlight the need for greater social awareness, reduction of stigma, and better mental health services for women living with schizophrenia during pregnancy and motherhood.

### **X. Frustration in Seeking a Job and Working among People with Schizophrenia**

In India, employment is considered an essential responsibility for men, as they are traditionally viewed as the primary breadwinners of the family. For men living with schizophrenia, obtaining and maintaining a job can therefore become a major source of stress and frustration. Many individuals fear discrimination and rejection if they disclose their mental illness during job applications. As a result, they often hide their condition as a coping strategy in order to secure employment, rent housing, or receive marriage proposals. Concerns about social judgment and stigma can negatively affect both self-esteem and confidence.

Even when employed, individuals with schizophrenia may face difficulties at the workplace due to hospitalization, relapse, or the need for ongoing treatment. After recovery, many require medical fitness certificates to return to work. However, because of fear of losing employment, some patients request doctors not to mention mental illness on medical certificates or sick leave documents. Instead, they may ask for another medical diagnosis to be written.

Several countries have introduced laws to protect the employment rights of people with mental illness. For example:

- The Americans with Disabilities Act of 1990 in the United States promotes equal employment opportunities for individuals with disabilities, including mental illness.
- The Disability Discrimination Act 1995 in the United Kingdom also protects individuals from discrimination in employment.

In India, the People with Disabilities Act 1995 recognizes mental illness under disability, but employment reservations have traditionally focused mainly on physical and sensory disabilities, leaving people with mental illness at a disadvantage.

The lack of legal protection, social stigma, and fear of disclosure often make unemployed individuals with schizophrenia more vulnerable to social exclusion and economic hardship. Therefore, there is a strong need for:

- anti-discrimination policies,
- workplace mental health awareness,
- legal protection of employment rights,
- vocational rehabilitation programs, and
- Supportive work environments.

These measures can help individuals with schizophrenia lead productive and dignified lives while reducing the stigma associated with mental illness.

## **XI. Prevalence and Treatment Gap of Schizophrenia**

### **• Lifetime vs. Current Prevalence:**

Research studies show that the lifetime prevalence of schizophrenia spectrum disorders is approximately 1.41%, meaning that this proportion of people may experience the disorder at some point in their lives. The current prevalence is estimated to be around 0.42%, referring to people who are actively living with the disorder at a given time.

### **• Demographic Focus:**

Schizophrenia is most commonly observed among individuals in the 30–49 age groups. This period often represents the most productive years of life, making the social and economic impact of the illness particularly significant.

### **• Urban vs. Rural Differences:**

Some studies suggest that schizophrenia itself may not show a consistent difference between urban and rural populations. However, mental health disorders in general are reported to be more common in urban areas (13.5%) than in rural areas (6.9%).

### **• Treatment Gap:**

One of the major challenges in managing schizophrenia is the large treatment gap. Nearly 72% of individuals with current schizophrenia-related conditions may not receive adequate treatment, with the gap being even wider in non-metro and rural areas. Contributing factors include:

- lack of mental health awareness,
- stigma and discrimination,
- shortage of mental health professionals,

- financial difficulties,
- poor access to healthcare services, and
- Fear of social rejection.

Reducing the treatment gap requires stronger mental health policies, improved access to psychiatric care, community awareness programs, rehabilitation services, and efforts to reduce stigma surrounding mental illness.

## **XII. Factors Affecting Prevalence Data of Schizophrenia**

### **● High Treatment Gap:**

A major factor affecting the accuracy of prevalence data is the large number of untreated individuals. Studies estimate that nearly 70–92% of people with mental disorders in India do not receive proper treatment. As a result, official statistics may underestimate the actual burden of schizophrenia and other mental illnesses.

### **● Stigma and Lack of Awareness:**

The National Mental Health Survey reported that social stigma, misconceptions about mental illness, and poor awareness are major reasons why many individuals avoid seeking professional help. Fear of discrimination, social rejection, and labeling often prevents people and families from reporting symptoms or accessing treatment.

### **● Limited Mental Health Infrastructure:**

India faces a shortage of mental health professionals and services. The country has approximately 0.75 psychiatrists per 100,000 people, which is far below the World Health Organization recommendation of 3 psychiatrists per 100,000 populations. Inadequate psychiatric facilities, especially in rural and non-metro regions, further limit diagnosis and treatment.

### **● Socioeconomic Impact:**

Schizophrenia is associated with severe social and economic consequences. Many individuals experience:

- High unemployment rates (around 80–90%),
- reduced educational and occupational opportunities,
- financial dependence on families,
- social isolation and stigma, and
- Lower life expectancy due to poor physical health, suicide risk, and inadequate healthcare access.

These factors not only affect the quality of life of individuals with schizophrenia but also make it difficult to obtain accurate prevalence data. Strengthening mental health awareness, improving healthcare infrastructure, increasing the number of trained professionals, and reducing stigma are essential for better identification and management of schizophrenia in India.

### **XIII. Services for People with Schizophrenia**

Currently, a large proportion of people with schizophrenia around the world do not receive adequate mental health care. Although schizophrenia is one of the most serious mental disorders, access to proper treatment and support services remains limited in many countries. Approximately half of the patients admitted to mental hospitals are diagnosed with schizophrenia. However, only a small percentage of people with psychosis receive specialist mental health services. In many regions, mental health resources are still heavily concentrated in psychiatric hospitals rather than community settings. Research has shown that long-term institutional care in mental hospitals is often ineffective in meeting the overall needs of people with schizophrenia. In some cases, such institutions may also violate the basic human rights and dignity of patients through neglect, isolation, or lack of social inclusion.

Because of this, there has been a growing emphasis on shifting mental health care from institutions to community-based services. Community care allows individuals with schizophrenia to live with greater independence, maintain social relationships, and participate more actively in society.

#### ***Important community-based mental health services include:***

- integration of mental health care into primary healthcare systems,
- psychiatric services in general hospitals,
- community mental health centers,
- day-care and rehabilitation centers,
- supported housing facilities,
- vocational rehabilitation programs, and
- Outreach and home-based support services.

Family members and the community also play an essential role in recovery and rehabilitation. Emotional support, acceptance, supervision of treatment, and social inclusion can greatly improve the quality of life of people living with schizophrenia. Effective mental health services should focus not only on treatment of symptoms but also on rehabilitation, human rights, social integration, employment support, and reduction of stigma. Expanding accessible, affordable, and community-based mental health care is therefore essential for improving outcomes for individuals with schizophrenia.

### **XIV. Management and Support for People with Schizophrenia**

A variety of effective treatment and support options are available for people with schizophrenia. Proper management can help reduce symptoms, improve daily functioning, and enhance overall quality of life.

#### **Treatment and Care Options**

- **Medication:**

Antipsychotic medications are the primary treatment for schizophrenia. They help control symptoms such as hallucinations, delusions, and disorganized thinking by regulating brain chemicals.

- **Psycho education:**

Psycho education involves educating patients and their families about schizophrenia, its symptoms, treatment, and ways to manage the illness. This helps improve understanding, treatment adherence, and coping skills.

- **Family Interventions:**

Family support and counseling are important because schizophrenia affects not only the individual but also caregivers and family members. Family interventions help reduce stress, improve communication, and create a supportive home environment.

- **Cognitive Behavioural Therapy (CBT):**

Cognitive behavioural therapy helps individuals recognize and manage negative thoughts, emotional distress, and psychotic experiences. It can also improve coping strategies and problem-solving abilities.

- **Psychosocial Rehabilitation:**

Rehabilitation programs focus on helping individuals regain social, educational, and occupational functioning. These may include:

- life skills training,
- social skills development,
- vocational training, and
- Community participation activities.

- **Supportive Services**

- ***Supported Housing and Assisted Living:***

Some individuals may require supervised or assisted living arrangements to help them manage daily activities safely and independently.

- **Supported Employment:**

Employment support programs help people with schizophrenia find and maintain suitable jobs, promoting independence, confidence, and social inclusion.

## **Recovery-Oriented Approach**

Modern mental health care emphasizes a recovery-oriented approach, which encourages individuals with schizophrenia to actively participate in decisions regarding their treatment and recovery. This approach respects the person's dignity, choices, strengths, and goals rather than focusing only on symptoms. Family members and caregivers are also important partners in recovery. Emotional support, encouragement, and understanding from families and communities can significantly improve long-term outcomes and quality of life for people living with schizophrenia.

## **World Health Organization Response to Schizophrenia**

The World Health Organization (WHO) has developed several global initiatives and action plans to improve the care, treatment, and human rights of people living with schizophrenia and other mental disorders.

### ***Comprehensive Mental Health Action Plan 2013–2030***

The WHO's Comprehensive Mental Health Action Plan 2013–2030 outlines strategies to strengthen mental health services worldwide. One of its major recommendations is the shift from long-term institutional care to community-based mental health services. The plan emphasizes:

- accessible and affordable mental health care,
- integration of mental health into primary healthcare,
- protection of human rights,
- rehabilitation and recovery services, and
- Reduction of stigma and discrimination.

### **WHO Special Initiative for Mental Health**

The WHO Special Initiative for Mental Health aims to increase access to quality and affordable mental health care for millions of people worldwide. Its goal is to ensure that at least 100 million more people receive mental health support and treatment.

### ***Mental Health Gap Action Programme (mhGAP)***

The Mental Health Gap Action Programme (mhGAP) was developed by WHO to improve mental health services, especially in low-resource and developing countries. The program:

- provides evidence-based guidelines and training,
- supports non-specialist healthcare workers,
- promotes integrated mental health care at all levels, and
- focuses on priority conditions such as psychosis, depression, epilepsy, and substance use disorders.

Currently, mhGAP is being implemented in more than 100 WHO member countries.

### ***WHO Quality Rights Project***

The WHO Quality Rights Project works to improve the quality of mental health care while protecting the human rights and dignity of people with mental illness and psychosocial disabilities. The project promotes:

- freedom from abuse and discrimination,
- respect for patient autonomy,
- person-centered care, and
- Empowerment of individuals and advocacy groups.

### ***Community Mental Health and Human Rights***

WHO also promotes community-based and rights-based mental health services that align with international human rights standards, including the United Nations Convention on the Rights of Persons with Disabilities? These guidelines encourage countries to develop mental health systems that:

- respect individual dignity and choice,

- encourage social inclusion,
- support independent living, and
- Involve patients and families in treatment decisions.

Overall, whose response emphasizes that people with schizophrenia should receive compassionate, community-based, recovery-oriented, and rights-focused care rather than being isolated in institutions.

### **Limitations of the Study on Schizophrenia**

The study had several limitations that may have affected the scope and generalizability of its findings.

- **Language and Cultural Limitations:**

The study included only participants who spoke two South Indian languages. Because of this, researchers may not have captured other culturally specific forms of postpartum psychosis or stigma that exist in different regions and cultural groups across India.

- **Lack of Long-Term Follow-Up:**

The researchers were unable to follow participants over time to observe long-term outcomes. Important questions therefore remained unanswered, such as:

- how many unemployed participants later obtained jobs,
- how many unmarried participants eventually got married, and
- How social stigma changed over time.

Longitudinal follow-up could have provided better insight into the long-term effects of stigmatization and recovery.

- **Sensitive Issues in Stigma Assessment:**

The inclusion of topics such as violence and sexual harassment in stigma-related assessments is debatable. Although these experiences may strongly reflect social stigma and discrimination, discussing them requires careful and sensitive interviewing techniques.

### ***Prevalence and Public Health Burden in India***

As of 2025–2026, the prevalence of schizophrenia in India is estimated to range between approximately 0.42% and 1.41% of the population. Recent studies report a current prevalence of around 321 cases per 100,000 people. Schizophrenia continues to be a major public health challenge in India due to:

- widespread social stigma,
- delayed diagnosis,
- limited mental health services,
- shortage of trained professionals, and
- A very large treatment gap.

The treatment gap for mental disorders in India is estimated to range between 70% and 92%, meaning that a large proportion of affected individuals do not receive adequate care or treatment. This highlights the urgent need for:

- improved mental health infrastructure,
- community-based services,
- public awareness programs,
- early intervention strategies, and
- Stronger social and legal support systems for people living with schizophrenia.

## **XV. Conclusions of the Study on Schizophrenia**

This qualitative study explored the complex nature of stigma associated with schizophrenia, with a particular focus on how gender and socio-cultural factors influence people's experiences in the Indian context. The findings highlight that stigma is experienced by both men and women, but in different social roles and life domains. Many men reported avoiding disclosure of their illness, remaining unmarried, and experiencing shame, ridicule, and fear of social judgment. Their experiences of stigma were often linked to employment and work-related roles.

In contrast, women more commonly experienced stigma in relation to marriage, pregnancy, and childbirth. Their experiences were shaped by expectations of motherhood and marital responsibilities, and they often faced additional pressures within the family and in-laws' environment. The study used qualitative methods along with semi-structured tools to better understand these gendered and culturally influenced patterns of stigma in the diverse Indian socio-cultural setting. The findings provide deeper insight into how stigma is lived and experienced differently by individuals, depending on their social roles.

An important observation was the identification of culturally recognized forms of postpartum psychosis in certain Indian communities. This suggests the need for further research into how cultural interpretations influence the recognition, course, and outcome of mental illness in women. The study also shed light on the role of family dynamics, particularly the attitudes of mothers-in-law toward daughters-in-law with mental illness, which significantly influences care, support, and social outcomes. The proposed "paths of influence" model illustrates how social, cultural, and gender-based factors interact in shaping the life experiences of individuals with schizophrenia in India. This model can help clinicians better understand the wide range of challenges faced by patients and improve psychosocial management.

Overall, the study emphasizes that awareness of these socio-cultural realities is essential for effective clinical care. It supports a human rights-based approach consistent with the principles of the United Nations Convention on the Rights of Persons with Disabilities, which advocates for equal participation, dignity, and inclusion of persons with mental illness in society.

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