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Effects of information under load on mental health management: Case of informal care givers of dementia patients in Harare, Zimbabwe

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Abstract

The study aimed at finding effects of information under load on mental health management with reference to informal care givers of dementia patients. A qualitative research approach was adopted and a sample was drawn from Harare (n = 12). Data collection was based on triangulation (In-depth interviews and Focus Group Discussion – FGD) and also triangulation was used on data analysis (Narrative analysis and Interpretive Phenomenological Analysis – IPA). It came out that informal care givers of dementia patients are facing difficulties in making decisions and experiencing poor judgement episodes .There is lack of motivation to engage in daily care activities and increased anxiety and stress. More so there is an information gap in informal care givers of dementia patients. Barriers to information are linked to information poverty and marginalization, cultural beliefs and practices, medical jargon and mental states such as anxiety, stress, grief and cognitive biases. Relating to these findings, the study recommended that families of dementia patients should consider individual and family therapies to cater for information under load on informal care givers. Family members and care givers should consider joining support groups and prioritize education about dementia. Government should continue to craft and review policies and programmes linked to mental health. Should increase funding for mental health services. Should support research on mental health to guide policies and practice. There should be public-private partnerships to leverage resources and expertise in treatment and management of mental illnesses. Civic organisations should continue advocating for continuous policy reviews that suit and support treatment and management of mental illnesses. Provide continuous services (counselling/psychotherapy), forming and facilitating support groups for care givers, families and communities. Continuous monitoring of trends and evaluation of mental health programmes. Future recommendations cited that a broader scope can be useful by accommodating informal care givers of dementia patients based in rural areas.

Keywords: Information under load, mental health, informal care giver, dementia

Introduction

Dementia is a term for several diseases that affect memory, thinking and the ability to perform daily activities. The illness gets worse over time. It mainly affects older people but not all people will get it as they age (World Health Organisation, 2025) [41]. Doctors describe dementia in stages, based on how symptoms get worse over time. Cleveland Clinic (2025) [7] outlined the three stages: early-stage dementia (mild), middle-stage dementia (moderate) and late-stage dementia (severe).

Signs and symptoms of dementia are as follows: Cognitive symptoms (difficulty sharing thoughts, memory loss, problem following directions, trouble with language). Behavioural and psychological symptoms include: agitation, anxiety, depression, disorientation, irritability, hallucinations, paranoia, fidgeting and sleep problems (Cleveland Clinic, 2025) [7]. Risk factors associated with developing dementia include: age (more common in those 65 or older), high blood pressure (hypertension), high blood sugar (diabetes), smoking, drinking too much alcohol, being physically inactive, being socially isolated and depression (World Health Organisation, 2025) [41].

Background of Study

Dementia is a rapidly growing health concern in Zimbabwe, with staggering 27,377 individuals currently living with the condition. Projections indicate a 194% increase to 80,386 by 2050, driven by an aging population and overall population growth. One of the significant challenges in addressing dementia in Zimbabwe is getting the correct diagnosis, as there are a wide range of mental diseases that have the same symptoms as dementia. It is also important to take note that there is a lack of awareness about the condition. Many people are unaware of dementia, and there is significant stigma attached to it, leading to delayed diagnosis and support. Of growing concern is the earlier onset of dementia, with some being diagnosed at age 40 years, with greater risk for Africans. Cultural beliefs also play a role, with dementia often being attributed to witchcraft rather than recognised as a medical condition (Mashingaidze & Mukori, 2024) [21]. As stated by Banda & Munemo, 2023 [5], Family members and care givers find themselves in extremely difficult situations when they must care for family members with the disease. Those with the knowledge about the condition may not have accurate or enough information. That is information under load, described by (Cham, *et al*, 2021) [6]: In mental health management refers to critical lack of necessary, accurate or accessible information, which can hinder diagnosis, treatment, and overall care. While much attention is focused on information overload, under load is a significant concern that can impair professional performance and patient well-being. Hence the researcher opted to relate this study to information under load with reference to care givers of dementia patients.

In Africa Dementia affects approximately 2.76 million people over the age 50 (2.4% prevalence), with Sub-Saharan Africa accounting for 2.1 million cases, a number projected to reach 3.48 million by 2050.Growth cases are expected to nearly double every 20 years. Roughly 376 000 cases arise annually, with an incidence rate of 13.3 per 1000-person years. (Alzheimer's disease International, 2024) [3].

There are currently estimated to be over 55 million people worldwide living with dementia. The number of people affected is set to rise to 139 million by 2050.with the greatest increases in low and middle income countries. Already 60% of people with dementia live in low- and middle-income countries, but by 2050 this will rise to 70%. A new case of dementia arises somewhere in the world every 3 seconds. Up to three quarters of those with dementia worldwide have not received a diagnosis. Almost 80% of the general public are concerned about developing dementia at some point and 1 in 4 people think that there is nothing we can do to prevent dementia. Almost 62% of healthcare practitioners worldwide incorrectly think that dementia is part of normal ageing.35% of carers across the world said that they have hidden the diagnosis of dementia of a family member. Over 50% of carers globally say their health has suffered as a result of their caring responsibilities even whilst expressing positive sentiments about their role (Alzheimer's disease International, 2024) [3].

Right now, there is no cure for dementia. No treatment can completely stop dementia from getting worse. Treatment can look different for each person because dementia affects everyone in different ways. What works well for one person may not work the same for another person (Cleveland Clinic 2025) [7]. Dementia has physical, psychological, socio-economic impacts, not only for people living with it, but also for their careers, families and society at large.

Impact of Dementia on Individuals, Families and Communities

Madzvamutse (2023) highlighted that dementia can affect the individual by decreasing independence and ability to function and live independently. Decreasing self-confidence and a sense of self-worth and functionality declines. Decreasing ability to be productive and contribute effectively in community. Increasing social isolation and loneliness as ability to communicate effectively declines. Stigma, ageism and elder abuse due to lack of understanding about the cause of the disease, discrimination and denial of opportunities and exposure to physical, verbal, emotional; financial abuse and neglect.

On family and communities, Madzvamutse (2023), explained about increasing caregiver burden: care for the elderly in many African communities often falls on the family rather than on institutional care facilities. While this is a good support for many older people and provides individualized, culturally appropriate care, if the burden is not managed appropriately this can lead to caregiver fatigue and burnout.

Madzvamutse (2023) went further and touched on the financial burden side: families will often face significant costs related to health care and daily supportive care due to dementia. There are often limited support mechanisms to support families faced with challenges of dementia. The disease is often a long-term condition with those diagnosed with the condition often living many years and sometimes decades after the diagnosis but with increased need for medical and social support.

Policy and Framework in Zimbabwe

Older Persons Act [Chapter 17:11], It became operational on September 1, 2017. This legislation provides legal framework for the care of older persons (65 years and above), including rights to health care and social assistance, which supports elderly patients with cognitive decline. It establishes an Older Persons Board, a Director of Older Persons Affairs and Older Persons Fund to ensure the well-being of the elderly.

National Disability Policy, it was launched in June 2021 [28] and adopts a human rights-based approach to empower Persons with Disabilities (PWD). It aims to eliminate discrimination, ensure inclusion in all society facets and enhance quality of life, aligned with the constitution and United Nations Convention on Rights of Persons with Disabilities (United Nations Educational Scientific and Cultural Organization - UNESCO, 2021) [40]

Relating to the above mentioned an action plan for the National Disability Policy (2024-2028) was initiated. The plan is designed to ensure the integration of the policy into key sectors such as public services, education, healthcare and opportunities accessible to all (Herald News, 2025) [15].

Aim of the Study

The aim of the study was to find effects of information under load on mental health management with reference to informal care givers of dementia patients.

Objectives

The specific objectives of the study were:

a. To find out effects of information under load with reference to informal care givers on dementia management.
b. Identifying levels of information gaps in relation to dementia.
c. Identifying barriers to relevant dementia information.
d. Recommending ways to prevent information under load on informal care givers of dementia patients.

Research Questions

The specific research questions of the study were:

a. What are the effects of information under load with reference to informal care givers on dementia management?
b. What are the levels of information gaps in relation to dementia?
c. What are the barriers to relevant dementia information?
d. What ways can be adopted to prevent information under load on informal care givers of dementia patients?

Methodology

The qualitative research approach was used in this study. Punch (2013) cited by Ugwu & Eze Val (2023) [39] defined it as concerned with feelings, ideas or experiences. Based on its definition qualitative research is the study of the nature of different manifestations, the context in which they appear or the perspective from which they can be perceived. A more practical guideline can be added to this formal definition: qualitative research typically includes data in the form of words instead of numbers.

The strengths of qualitative research include the following: It is flexible; thus, it allows the researcher to observe and identify other issue that were not initially thought of or included in the inception stage of the study. It allows researchers to collect more data and information, hence being in a better position to understand the details of the research problem. In qualitative research, researcher interact with respondents. This gives a researcher an opportunity to understand the actual feelings and experiences of the respondents. More so it can involve multiple methods, which makes data more credible since strengths of one research tool supplement the weakness of the other (Mwita, 2022). To add on the above mentioned, Hecker & Kalpokas (2026) [16], states that an analysis of qualitative data can allow researchers to draw relationships between ideas. On the weakness side, qualitative research may make data collection difficult and complex since the researcher has to examine collected data and retain only relevant information (Mwita, 2022)

Narrative research design was integrated, Wolgemuth & Agotso (2019) [42] explained that it elicits and analyse stories in order to understand people, cultures and societies. In other words, it is based on analysis of a person's story, of experience they have had. It is more than telling a story, it is about understanding how people make sense of the world and structure meaning in their stories.

Participants and Sampling

The sample frame included care givers in Harare. Having a well-defined and appropriate sampling frame is crucial in any research endeavour as it helps researchers define the target population, allows researchers to gather the required sample from target population, enhances the generalizability of research findings and facilitates transparency and documentation. Furthermore, sampling frames usually include contact information, this makes it easy for researchers to reach out to potential participants (Kayode - Sanni, 2025) [18].

Twelve Harare based informal care givers took part in the research. Six male participants were taking care of male dementia patients and six female participants were taking care of female dementia patients. The defining characteristics of an informal Caregiver according to Roth *et al*, 2015 [35] typically include being a person who provides some unpaid, ongoing assistance with activities of daily life (ADL) or instrumental activities of daily living (IADL) to a person with chronic illness or disability. Many people are unaware that they are caregivers, in particular because they do not have a family tie with the care receiver.

Purposive sampling also known as judgment sampling was used to identify participants with the help of Psychiatrists, Psychologists, Psychiatric Nurses and Non-Governmental Organisations (NGOs). Mc Combes (2023) alluded that purposive sampling involves the researcher using his/her expertise to select a sample that is most useful to the purpose of the research. In addition, Stratton (2024) [37] indicated that in purposive sampling the researcher selects research participants based on their presence in population of interest, characteristics, experiences or any other criteria deemed necessary. Basing on the above mentioned, purposive sampling is advantageous because researchers can select participants directly relevant to the study ensuring data is highly focused and pertinent to the research objectives. It enables deep, qualitative exploration of specific, often complex phenomena. The sampling strategy can be adjusted as new insights emerge, allowing for an adaptive research process.

Ethical Considerations

Participation in the study was voluntary and the aim of the study was explained to the participants before the interviews. Informed consent was obtained from all participants who verbally agreed to take part in the study. Confidentiality was observed throughout the study. The right to withdraw from the study was explained. Participants were protected from physical, psychological, social or legal harm. The researcher avoided plagiarism, accurately report findings and debriefing was done to provide closure, answer questions and ensure participants well-being.

There are several reasons why it is important to adhere to ethical norms in research. Resnik (2024) [34] highlighted them: Ethical norms promote the aim for the research, promote the values that are essential to collaborative work. They also help to ensure that researchers can be held accountable to the public. Help to build public support and promote other important moral and social values, such as social responsibility, human rights, compliance with law and public health and safety.

Data Collection Procedure and Instruments

Data collection was based on triangulation (In depth interviews and Focus Group Discussion -FGD). Triangulation involves using different data sources, data collection methods or analysis techniques (Sambodhi, 2023) [36]. Like any other technique, the triangulation method has its advantages outlined by Sambodhi (2023) [36]: Improved credibility of research through cross checking of evidence. Enhanced understanding and completeness of research by using multiple sources and methodologies. Increased generalizability of research findings by using multiple methods to study a research problem. Furthermore Ajemba & Arene (2022) [4] highlighted that Triangulation seek to overcome difficulties associated with bias, allows complimentary designs and analysis, strengthen the overall validity and new insights in research. Despite its benefits, (Murray, 2024) [27] mentioned that triangulation can take more time and resources. So, researchers need to budget more time and resources to pull it off.

In-depth interviews were used on six care givers (three male and 3 female), the researcher invested a significant amount of time with each participant employing a conversational format. Interview questions were open ended and lead to a discovery-oriented approach. Same carefully crafted questions were posed to each participant. Pamela *et al*,2020 [33] states that the purpose of in-depth interviewing is to get detailed information that sheds light on an individual's perspective, experiences, feelings and the derived meaning about a particular topic or issue. Interviews allow the researcher to understand what people say they experienced, think, feel and understand. Furthermore Ellis (2022) [10] indicated that in-depth interviews are versatile, easily adaptable to participant responses and enable the interviewer to observe tonal qualities and physical symptoms. However, time and expense can pose a challenge to some extent.

Focus Group Discussion (FGD) was conducted with also six care givers (three males and three females). Unlike other research methods, it encourages discussions with other participants. The overall objective was to get close to participants understanding of perspectives on the topic rather than generating genelizable data (Miller, 2000 cited by Brown, 2018). The group process activated during a

FGD helped to identify and clarify shared knowledge among participants (Eeuwijk & Agehrn, 2017).

On conducting both interviews and Focus Group Discussion, the researcher used a facilitator's guide in moderating the discussions and the discussions followed a structured guide also. A note book was used to write themes that came during the in-depth interviews and Focus Group Discussion, noting any observations during the discussions. Follow up discussions were conducted online to gather data which might have been missed during face to face discussions. Conducting the in-depth interviews took three weeks, this depended on the availability of participants and the researcher's schedule. On the other side Focus Group Discussion was done in a day.

Data Cleaning

Data cleaning was conducted, it refers to the process of identifying and removing invalid data points from a dataset (Data Wiz Knowledge Base; 2025) [9]. The following six steps according to Costanzo (2023) [8] were observed: discovering data, structuring data, cleaning data, enriching data, validating data and publishing data.

NB: Participants were conducted online to clarify both relevant and irrelevant data.

Data Analysis

Data analysis was based on triangulation (Narrative analysis and Interpretive Phenomenological Analysis - IPA). Narrative analysis, it is used to understand how individuals create stories from their personal experiences. The researcher emphasized on understanding the context in which the narratives were constructed, recognizing the influence of historical, cultural and social factors on story telling (Mc Leod, 2024).The following steps according to Auton & Craicy (2023) [2] were followed: reading and re-reading the transcripts, identifying events in the transcripts as told by the participants ,identifying experiences of the participants and note any images, feelings, reactions or meanings ascribed to experiences by participants, note explanations and excuses as told by participants, identify the sequence of events and key characteristics including plot lines and imagery used in the narratives and explore what this might represent, identify the beginning-middle-end of story.

Interpretive Phenomenological Analysis (IPA) delves into personal lived experiences and how individuals make sense of those experiences. The primary goal is to understand the meaning individuals attach to events, especially those with personal importance (Mc Leod, 2024). Seven steps of IPA according to (Fielder & Pincombe,2015 [11] adopted from Smith *et al*,2009) were taken into consideration: Reading and re-reading, initial noting, developing emergent themes, searching for connections across emergent themes, moving to the next case, looking for patterns across cases, taking interpretations to deeper levels.

Findings of the Study

Triangulation (Narrative analysis and Interpretive Phenomenological Analysis - IPA) resulted in the following themes:

Effects of Information under load

Informal care givers of dementia patients are facing difficulties in making proper decisions. They are experiencing poor judgement episodes and mistakes are becoming an order of most of the days in care giving duties. They are lacking motivation to engage in daily care activities of dementia patients. There is also increased anxiety and stress.

NB: Anxiety and Stress for the twelve participants were assessed online.

Information Gaps

There is an information gap in informal care givers of dementia patients. They don't have any medical backgrounds about the care receivers neither do they have relevant information about dementia. Much of the information they hold is irrelevant. Hence, they are only versed with general knowledge linked to the disease.

Barriers to Information

There is information poverty and digital divide. Cultural beliefs and practices on the other side are blocking communication. Complexity of medical jargon brings in a lot of misunderstandings between and among informal care givers, families and communities. Mental states such as anxiety, stress and grief are distorting perception. There is an element of cognitive biases that cause people to view the same situation in completely different ways.

Discussion

What are the effects of information under load with reference to informal care givers on dementia management?

Informal care givers of dementia patients are facing difficulties in making proper decisions. Information under load can lead to assumptions, missing crucial factors, poor risk assessment and missing better options.

The rational decision-making model describes a series of steps decision makers should consider if their goal is to maximize the quality of their outcomes. In other words, if you want to make sure that you make the best choice, going through the formal steps of the rational decision-making model may make sense. These include identifying problem, establishing decision criteria, weigh decision criteria, generate alternatives, evaluate the alternatives, choose best alternative, implement the decision and evaluate the decision (Open Library, 2022) [32].

The Bounded rationality model of decision making recognizes the limitations of the decision-making process. According to this model, individuals knowingly limit their options to manageable set and choose the first acceptable alternative without conducting an exhaustive search for alternatives. An important part of the bounded rationality approach is the tendency to satisfice, which refers to accepting the first alternative that meets your minimum criteria. (Open Library, 2022) [32].

Adopting the Bounded rationality model can to some extend result in poor judgment and mistakes. This is because according to (Mohn, 2024) [24], an individual's decision-making abilities are limited by factors beyond the person's intelligence and control. Bounded rationality says that people are limited in their decision making because they have incomplete information about outcomes and alternatives to decisions, a short span of time to make decisions and imperfect cognitive abilities. Theorists say that it is mostly impossible for anyone to possess all information about complex decisions or understand all possible outcomes and ramifications of tough choices

The intuitive decision – making model is an alternative to other decision-making processes. This model refers to arriving at decisions without conscious reasoning. Once a viable course of action is identified, the decision maker puts the solution into motion. The key point is that only one choice is considered at a time (Open Library, 2022) [32].

In addition to the rational decision-making model, bounded rationality and intuitive decision-making models, creative decision –making is vital part of being an effective decision –maker. Creativity is the generation of new, imaginative ideas. The five steps to creative decision making are similar to the previous decision-making models in some key ways. All the models include problem identification, immersion, incubation, illumination and verification and application (Open Library, 2022) [17, 32].

There is lack of motivation to engage in daily care activities of dementia patients. Locke and Latham (1990) goal – setting theory cited by Souders (2019) [38]. An integrative model of motivation, sees goals as key determinants of behaviour. Possibly the most widely applied, the goal-setting theory stresses goal specificity, difficulty and acceptance and provides guidelines for how to incorporate into incentive programmes and management by objectives (MOB) techniques in many areas. Lock's recipe for effective goal setting includes: Setting of challenging, but attainable goals, too easy or too difficult or unrealistic goals don't motivate us. Setting goals that are specific and measurable, these can focus us towards what we want and can help in measuring the progress towards the goals. Goal commitment should be obtained, if not, then we will not put adequate effort towards reaching them, regardless of how specific or challenging they are. Strategies to archive this could include participation in goal-setting process, use of extrinsic rewards and encouraging intrinsic motivation through providing feedback. Support elements should be provided, for instance encouragement and resources. Knowledge of results is essential, goals need to be quantifiable and there is need for feedback.

There is increased anxiety and stress. The anxiety process usually begins with "anguish", which is an emotional distress or emotional suffering or emotional pain that causes physiological emotions such as fear and sorrow. These emotions generate a mental state identified as stress that shows strain in adverse situations. Anxiety is a normal reaction for natural survival, but when this process is repetitive, it opens up for stress accumulation, symptoms that could evolve over time "anxiety disorder". Which is an extremely debilitating mind with excessive fear, negative behaviours and emotional consequences that frequently detect false threats that make the body spend unreasonable energy levels on something that is not really a threat (Garza-Ulloa, 2023) [12].

False threats bring uncertainty resulting in stress. Scholars of interpersonal communication utilize several theories to explain and predict human interaction. One such theory, Uncertainty Theory attempts to explain how human beings utilize communicative strategies to reduce uncertainty regarding other human beings. The theory explains that human beings are uncomfortable with uncertainty and seek the means to reduce that uncertainty, people tend to utilize passive, active and interactive strategies to help predict and explain someone's behaviour during an interaction. A passive strategy might resemble observing someone from a distance. A more passive active strategy might resemble the act of looking someone up online to assess basic information provided on someone's' social media profile. An intrusive strategy, then might resemble a face to face interaction, where exchange of basic information occurs, and uncertainty is reduced through this initial exchange (Knobloch, 2015) [19].

What are the levels of information gaps in relation to dementia?

There is an information gap in informal care givers of dementia patients. They don't have any medical backgrounds about the care receivers neither do they have relevant information about dementia. Much of the information they hold is irrelevant. Hence, they are only versed with general knowledge linked to the disease.

Loewenstein (1994) cited by llumination Publishers (2025) proposed the Information Gap Theory. It is the space between what is known and what is not known. This perceived gap creates a sense of deprivation, motivation to find the missing information and alleviating the cognitive tension. The person feels engaged in content while they search for more to reduce the information gap. There are many things that people don't know and that don't bother them, but awareness of specific pieces of missing information can prompt an unreasonably desire to fill these gaps.

What are the barriers to relevant dementia information?

There is information poverty and digital divide. Cultural dimensions on the other side are blocking communication. Complexity of medical jargon brings in a lot of misunderstandings between and among families and communities. Mental states such as anxiety, stress and grief are distorting perception. There is an element of cognitive biases that cause people to view the same situation in completely different ways.

Information poverty (Chatman, 1996) cited by Gibson & Martin (2019) [13] says that power and privilege influence a person's physical, emotional, intellectual or financial ability to seek, find and use information and when the potential costs of using a source outweigh the benefits, people choose not to use the space. The digital divide is the gap between those with access to digital technology (internet, smartphones) and those without. The divide can exacerbate inequalities into information access and opportunities. The digital divide concept is linked to the knowledge hypothesis which postulates that as information flows into society, gaps in knowledge between high and low socioeconomic groups widen as former would acquire information at a much quicker rate Huanyu & Edmund (2022) [14].

Cultural dimensions relate to ways of describing the shared values, beliefs and behaviours that shape how people from different societies interact. They explain why cultures vary in things like communication, decision-making and attitude towards authority. Hofstede's Cultural Dimensions theory cited by Nickrson (2025) offers a model for comparing cultures through measurable traits, helping explain why behaviours and values differ between societies. Six dimensions incorporated are: power distance, individualism-collectivism, masculinity - feminism, uncertainty avoidance, long-term orientation and indulgence-restraint.

Complexity of medical jargon, can confuse patients and caregivers. Health Literacy Concept is closely linked to literacy and includes people's knowledge, competence and motivation to access (to seek, find and obtain health information), understand (to comprehend the health information that is assessed), appraise (to interpret, filter, judge and evaluate the health information that has been accessed) and apply (to communicate and use) the information (Nordic Welfare Centre, 2020) [30].

Mental states such as anxiety, stress and grief can totally block communication. Affect theory by Silvan Tomkins (1991) adopted by Adam & Wilson (2020) [1], explores how emotions drive human interaction, thus they shape how we communicate and interpret messages. It identifies nine innate influencing behaviour and interaction: enjoyment, interest/excitement, surprise, anger, fear, distress, shame, disgust, dissociative response.

Cognitive biases can cause people to view the same situation in completely different ways. According to the traditional Dual Process model, decision-making is influenced by the interplay of two cognitive processes: the so-called System 1, which is automatic, intuitive, fast, experimental and affect-based. System 2 on the other hand is controlled, analytical, slow, deliberative and logical (Zuccheli *et al*, 2025) [43].

Recommendations

Family recommendations

- Should consider individual and family therapies to cater for information under load on care givers, patients and family members.
- Should consider joining support groups with others facing similar related mental problems in their family set ups.
- Should prioritize education about dementia.
- Those who hold relevant information should share with others to close the information gap.

Government recommendations

- Should continue to craft and review policies and programmes linked to mental health.
- Should increase funding for mental health services.
- Should support research on mental health to guide policies and practice.
- There should be public – private partnerships to leverage resources and expertise in treatment and management of mental illnesses.

Civic organisations recommendations

- Advocate for continuous policy reviews that suit and support treatment and management of mental illnesses.
- Provide continuous services, such as counselling/psychotherapy, support groups for care givers, families and communities.
- Continuous monitoring of trends and evaluation of mental health programmes.

Future research recommendations

The research was a Harare case study which focused on finding effects of information under load on mental health management with reference to informal care givers of dementia patients.

In future a broader scope can be useful by accommodating informal care givers of dementia patients based in rural areas and exploring other mental illnesses.

Conclusion

Dementia is a rapidly growing concern not in Zimbabwe only, but the world over. The disease results in physical, psychological, socio-economic challenges not to patients only, but for families, careers and society at large. As of now there is no cure for the disease, which further complicates its treatment and management. Hence families, government and civic organisations are called upon to join hands and continue to map the way forward in treatment and management of the disease.

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