

COMPARE THE PERCEPTIONS ABOUT SOCIAL STIGMA IN MENTAL ILLNESS AMONG FEMALE AND MALE CAREGIVERS OF PATIENTS WITH SCHIZOPHRENIA AT INSTITUTE OF MENTAL HEALTH –CHENNAI

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ABSTRACT

The Social Stigma associated with Mental illness is a widespread problem. Some people believe those with serious mental illness cannot recover, or are to blame for problems. This study was aimed to compare the perceptions of female and male caregivers on social stigma. Descriptive design was adopted 15 male and 15 female caregivers of patients with Schizophrenia were selected based on the sampling criteria. Among the female caregivers 33.3% of them perceived less, moderate and severe social stigma respectively where as 53.3% of the male caregivers perceived less social stigma and none of them perceived severe social stigma. Results revealed that female caregivers perceived more social stigma than the male caregivers. It is the responsibility of every psychiatric nurse to provide adequate knowledge to the Caregivers to overcome the barriers especially Social Stigma.

Key Words

Social Stigma, perceptions, mental illness, Schizophrenia, caregivers, barriers

Mental illness

Stigma associated with the mental illness is highly dangerous. Many people with mental illness are challenged doubly. The devastating signs and symptoms in one hand and prejudice and stereotypes due to the stigma associated with mental illness on other hand. Stigma and discrimination can also worsen someone's mental health problems and delay or impede their getting help and treatment, and their recovery.

A person with mental illness suffers with many problems which are made worse by the stigma and discrimination they experience- from society, but also family, friends and employers.

Many people think that people with mental ill health are violent and dangerous, when in fact they are at more risk of being attacked or harming themselves than harming other people. Most people who experience mental health problems recover fully, or are able to live with and manage them, especially if they get help early on.

Akashdeep Singh (2000) stated that India's ability to treat; care for rehabilitate mentally ill patients leaves much to be desired. Mentally ill people are almost never taken seriously; they are treated with little or no dignity and are often locked away. There is only one trained Psychiatrist for every 100000 people with Mental illness. Most (75%) mentally ill patients live in villages, where access even to basic healthcare is difficult.

Raghini Sinha (2004) stated that society affix stigma with Mental illness. This ever-worst condition of being stigmatize with Mental illness than any other health hazards. The harmful and ongoing Stigma leveled at those who suffer from Mental illness is so common that it can be easily identified if people have superficial look around. Mental patients need attention, affection and support from our metal dictionary and make positive efforts to enhance the level of patients in third millennium as a healthy society.

Sushrut etal (2007) conducted the study to test the hypothesis there are fewer stigmatizing attitudes towards mentally ill amongst rural compared to urban community dwellers in India. Study revealed that rural Indians showed significantly higher stigma scores, those with a manual occupation. Urban Indians are liberal in view and showed a strong link between stigma and not wishing to work with a mentally ill Individual, whereas no such link existed for rural Indians.

Objectives

- 1.To identify the perceptions of female caregivers about social stigma in Mental illness.
2. To identify the perceptions of male caregivers about social stigma in Mental illness.
3. To compare the perceptions of female and male caregivers about social stigma in Mental illness.
4. To associate the perceptions of female and male caregivers with demographic variables.

Review of Literature

Chou (2009) conducted a comparative study to find out the effect of perceived stigmatization on the quality of life among aging female family carers. The study also compared the significant predictors of female ageing carers quality of life between family carers of adults with intellectual disability and family carers of adults with mental illness. 350 female family carers supporting person with intellectual disability and 60 female family carers supporting person with mental illness were participated. The results shown that strongest effect of perceived stigma on the carer quality of life among the family carers of adults with mental illness than among the carers of adults with intellectual disability.

Gonzales et al (2007) conducted the cross - sectional study to know about the factors contributing mental illness stigma among caregivers of people with bipolar disorder. A total of 500 caregivers participated and interviewed with depression and perceived stigma scale. Before itself they were categorized into well group and un well group according to their affective episode. Results revealed that un well group was associated with greater mental illness stigma, less social support for the caregivers. Mental illness stigma was found to be more prevalent among caregivers of persons with Bipolar disorders who have active symptoms as well as caregivers of those who have remitted symptoms.

Maganna SM(2007) conducted an explorative study to find out the relationship between the caregivers of mental health and perceived social stigma and burden and characteristics of the patient and caregivers. Totally 85 caregivers of an adult with Schizophrenia were studied. Results shown that younger caregivers age, lower levels of caregivers education and higher levels of caregivers depressive symptoms. Caregivers perceived stigma related to caregivers depressive symptoms.

Sushrut Jadhav et al (2007) compared that there are fewer stigmatizing attitudes towards the mental illness among rural than that of urban community dwellers in India. 108 rural and 103 urban community Indians were selected and administered ethnographically derived and vignette-based stigmatization scale. Results shown that rural Indians showed a more stigmatizing attitude towards severe mental illness. Also shows greater stigma and a punitive

attitude amongst rural Indians as compared to urban Indians, especially amongst rural manual workers.

SCARF (2004) conducted a descriptive study on perceptions of stigma among caregivers in a sample of 159 urban patients attending outpatient clinic and fulfilling DSM-IV criteria for Schizophrenia .Family Interview Schedule was used as a tool, a subsection of the study results revealed that female sex of the patient, younger age of the patient and caregiver were associated with the greater stigma. Also lack of explanation for the illness among the high stigma group of families.

Methodology

A comparative research approach was considered to be the most appropriate to achieve the objectives of the study. In this comparative study, there are two groups. The first group comprises of 15 female caregivers and the second with the 15 male caregivers. The study was conducted in the Inpatient and outpatient department, Institute of Mental Health, Chennai. Convenient sampling technique has been chosen. A Self constructed caregivers perception scale was developed of data collection. The pilot study was conducted before the main study and it elicited that the study was feasible. The tool was found to be highly reliable and valid. During the data collection, the researcher introduced herself to each subject and they were informed about the purpose of the study and an informed consent was taken. Ethical clearance for the study was taken from the institutional ethical committee.

Results

Table:1 Description of demographic variables

S.No	Demographic variables	Categories	Samples N=30	Percentage
1.	Age	a.)20 to 30yrs	4	13.3%
		b.)31 to 40yrs	6	20%
		c.)41 to 50yrs	12	40%
		d.)> 51yrs	8	23.3%
2.	Educational Status	a.)Non-formal Education	6	20%
		b.)Primary Education	11	36.7%
		c.)Secondary Education	9	30%

		d.)Collegiate/Professional	4	13.3%
3.	Occupation	a.)Professional b.)Employee in office c.)Coolie d.)Business man e.) Unemployed	- - 15 5 10	- - 50% 16.7% 33.3%
4.	Gender	a.)Male b.)Female	15 15	50% 50%
5.	Religion	a.)Hindu b.)Christian c.)Muslim d.)Others	20 9 1 -	66.7% 30% 3.3% -
6.	Locality	a.)Urban b.)Rural	9 21	30% 70%
7.	Family Income	a.)<Rs.1000 b.)Rs.1000 to Rs.2000 c.)Rs.2000 to Rs.3000 d.)Rs.3000 to Rs.4000 e.)>Rs.4000	14 12 4 - -	46.7% 40% 13.3% - -
8.	Relationship	a.)Husband/Wife b.)Parents c.)Relatives d.)Neighbours	10 11 9 -	33.3% 36.7% 30% -

Table 2: Female caregivers Perception about Social stigma

S.No	Perception of Social stigma	Samples(N=15)	Percentage (%)
1.	Less	5	33.3%
2.	Moderate	5	33.3%
3.	Severe	5	33.3%

Table 3: Male caregivers Perception about Social stigma

S.No	Perception of	Samples(N=15)	Percentage(%)
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	Social stigma		
1.	Less	8	53.3%
2.	Moderate	7	46.7%
3.	Severe	-	0%

Figure: 1 Caregivers Level of Perception about Mental illness

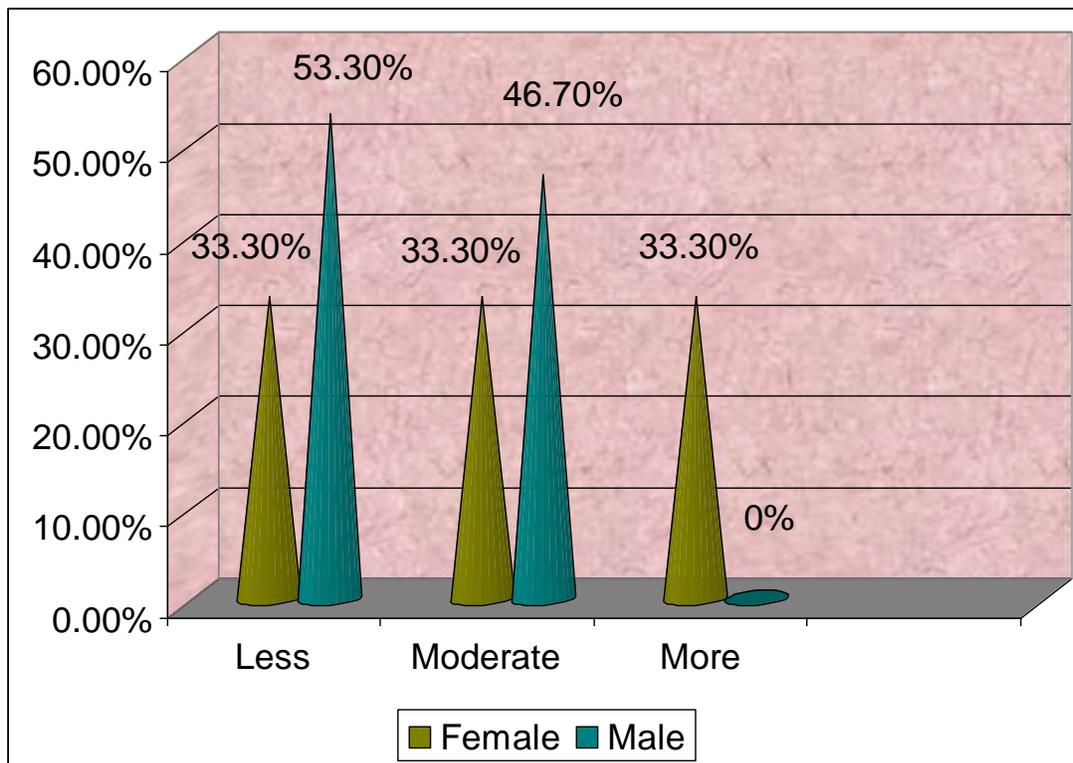


Table 4: Comparison of perceptions of social stigma between the male and female caregivers.

Caregivers	<i>score</i>		Student independent t-test
	Mean	SD	

Female	29.92	7.64	<p>t=2.99 P=0.003**</p> <p>DF=198 significant</p>
Male	24.38	8.71	

Table:2 Association between the perception with the selected demographic variables.

S.No	Variables	d.f	Chi square Table value	Chi square Calculated Value	Level of significance (p>0.05)
1	Age	6	12.592	18.333	Significant
2	Educational Status	6	12.592	16.264	Significant
3	Occupation	6	12.592	7.700	Non Significant
4	Family income	6	12.592	20.423	Significant
5	Locality	2	5.991	10.000	Significant
6	Religion	6	12.592	4.531	Non Significant
7	Relationship	6	12.592	15.932	Significant

Discussion

The present study revealed that about 33.3% of female Caregivers perceived severe social stigma but in case of male caregivers it was 0%. More than half male caregivers (53.3%) perceived less social stigma and in case of female caregivers there were around 33.3% perceived less social stigma.

In the present study caregivers from rural perceived more social stigma than the caregivers from the urban area .This finding is well supported by the Loganathan (2008) study findings which also revealed that rural respondents experienced more ridiculed.

SCARF (2004) supported that female care givers with minimal education perceived more social stigma. The present study also reveals the same that female caregivers perceived more social stigma than the male caregivers.

Nursing implications

Nursing Practice

Nurses can help the caregivers in identifying and understanding the myths, misconceptions and prejudice associated with the mental illness. Nurses should raise the awareness regarding de stigmatizing the protection of mentally ill female caregivers.

Nursing Administration

In-service education programs and training programs on de stigmatizing the society can be conducted to help the clinical nurses to combat the human rights violations.

Nursing Education

Ensuring that education about the myths and facts about the mentally illness to the student nurses will generate the prevention of stigmatizing among caregivers in future.

Nursing Research

The evident of lack awareness in caregiver of patients diagnosed with psychiatric disorders will give rise to the newer search for the ways in which the mentally ill can be protected.

Recommendations

1.The study can be replicated in larger samples in different settings. A structure teaching programme on De-stigmatization for the caregivers can be given and its effectiveness can be determined.

2.A structured teaching programme on De-stigmatization for the caregivers can be given and its effectiveness can be determined.

3. The nursing interventions namely resilience therapy can be given and assessed for the effectiveness.

Conclusion

It is dangerous and difficult when patient has a mental illness. Some are living in the streets.....the rest of the family gets to a place where they have to worry about their own concerns ,or their parents die, and there's nowhere for them to go. Psychiatric Mental health nurse, Nurses for a healthier tomorrow. Psychiatric Mental Health Nurse is rich providers of Psychiatric Mental Health services and patient care partners for the consumers of those services. It is every Psychiatric Nurses role to destigmatise the society.

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