

Self-stigma and its Relation with Social Functioning among Patients with Schizophrenia at Psychiatric Teaching Hospital in Baghdad, Iraq

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Abstract

The study aims to assess the level of self-stigma perceived by patients with schizophrenia at psychiatric teaching hospitals in Baghdad city with find out the significant differences regarding self-stigma and patients' age, and identify the correlation between self-stigma and social functioning .A descriptive correlational design was conducted on a convenient (non-probability) sample of (80) patients with schizophrenia which were selected from the consultation outpatient clinics for two psychiatric teaching hospitals in Baghdad city for the period of (December 16th, 2020 to March 20th, 2021).

The Self-report questionnaire used as the instrument of the study and constructed through stigma scale and social functioning questionnaire after modified for the purpose of this study. The results of data analysis through the application of descriptive statistical data analysis approach by using statistical package for social science program (IBM SPSS) version 24 that found 48.8% of patients are perceive moderate level of self-stigma ($M \pm SD = 83.93 \pm 27.394$) and 22.5% are perceive high level of self-stigma and patients with age group of 40 – 49 years and older have higher level of perceived self-stigma than other age group evidenced by significant difference at $p\text{-value} = .038$ and significant strong positive correlation between perceived self-stigma and social functioning among patients with schizophrenia at $p\text{-value} = .001$ respectively. The researcher recommended to successful anti-stigma programs can help people receiving psychiatric care have better social functioning through social media.

Keywords: self-stigma, social functioning ,schizophrenia

1.Introduction

Schizophrenia is a widespread and intricate psychological condition with a lifelong probability of around 0.5-1% (1). More than 21 million people are affected by it worldwide (2). In late adolescence or early adulthood, schizophrenia typically begins and causes

continued impairment and reduced quality of life (3). The condition is characterized by a varied kind of symptoms, including hallucinations, blunted affect, delusions, and withdrawal, as well as cognitive deficiencies. As a consequence, these symptoms and impairments cause social impairment, Loss of impulse, and lower quality of life (4).

A second disease called stigma that the patient suffers from, in addition to his psychiatric illness (5). Self-stigma may be defined as internalization and acceptance by the stigmatized individual of stereotypes or stigmatization (6). People with mental disorders frequently have to cope with a double challenge. They have to do with the effects of the illness itself, first of all. Second, discrimination results from society's misunderstandings over particular psychiatric illnesses (7). They have to face negative effects that come along with stigma related to the disorder (8).

Stigma is attitudes, emotions, and actions against people with mental illness that are unjustifiably retained (9). Previous literature has established three kinds of stigma: structural (institutional) stigma, public (social) stigma, and self (internalized) stigma. On the organizational level, there is structural stigma; on the group level, there is social stigma; and on the individual level, there is internalized stigma (10). Self-stigma is hidden from view, appearing between all its types to be the worst type of stigma that specifically influence the general well-being of patients (11).

Schizophrenia is a chronic psychological disorder that impacts social performance in normal life circumstances. Self-care, job performance, and social interactions are frequently affected areas. The word social functioning or social performance typically summarizes these domains. Social functioning is one of the main characteristics involved in the evaluation of schizophrenia advancement and prognosis (12).

Social functioning has been internationally defined as an individual's ability to act in various social parts, such for example a homemaker, employee, pupil, partner, household member, or acquaintance. The definition considers a person's satisfaction with their capability to complete the tasks, their capability to look after themselves, in addition the range of their recreational as well as leisure actions (13). Most schizophrenic patients have pronounced deficiencies in social abilities. Such limitations brand it impossible intended for them in the direction of build and sustain societal interactions, to perform societal function (e.g. employment, partner), or to satisfy necessities (14).

2.Methodology

2.1.Ethical consideration

Permission has been obtained from the Ministry of Planning / Central Statistical Organization and Baghdad Health Department Al-Karkh and Al-Rusafa to collect samples from its affiliated psychiatric teaching hospitals as well schizophrenia patients who have agreed to participate in the study.

2.2 Design and setting of study

A descriptive correlational design was conducted on (80) schizophrenic patients from consultation outpatient clinics of two psychiatric teaching hospitals in Baghdad city, namely, Ibn Al-Rushed Psychiatric Training Hospital and Baghdad Teaching Hospital for the period of (December 16th, 2020 to March 20th, 2021) .

2.3 Instrument of study

The Self-report questionnaire used as the instrument of the study and consisted of three portions: the first portion contains the covering letter as well as demographic data on the schizophrenia patients participating in this study; the second portion includes the stigma scale (15); and the third portion includes the social functioning questionnaire(16).

stigma scale: it was adopted and used for current study which consisted of 28 item The scale's items were rated to five level of Likert scale and scored as follow: strongly agree=5, agree=4, neutral=3, disagree=2 and strongly disagree=1 to direction of agreement for positive items which are numbered of: 1, 2, 5, 6, 8, 9, 11, 12, 13, 16,17, 18, 20, 21, 22, 25, 26, 27,and 28; the score were inverted to be as: strongly disagree=5, disagree=4, neutral=3, agree=2, and strongly agree=1 to the direction of disagreement for negative items which are numbered of: 3,4,7,10,14,15,19,23, and 24 . The level of self-stigma was determined through applying the cut-of points for the scale's total score, which is separated into three points and Scores are as follows: low= 28 – 65, moderate= 66 – 103, and high= 104 – 140.

Social Functioning Questionnaire (SFQ): it was adopted and consisted of eight item self-report scale that provides assessment of social functioning. The level of social functioning was determined through application the cut-of points for the scale's total score, which is separated into three points and scored as follow : low= 0 – 18, moderate= 19 – 36, and high= 37 – 54. The level of each item was calculated through application the cut off point for mean score and scored as: low= 0 – 1, moderate= 1.1 – 2, and high= 2.1 – 3 .

To make the instruments more valid using content validity method, it was presented to a panel of (11) experts who had more than ten years' experience in psychology field. The instrument's reliability was measured using the Alpha Cronbach's test (Alpha Correlation Coefficient) and the internal consistency method. The result of the reliability for the questionnaire is acceptable for stigma scale (0.74) and social Functioning Questionnaire(SFQ) (0.75).

2.4 Statistical Analysis

The descriptive statistical data analysis method and inferential data analysis are used to interpret the data through using statistical package for social science program (IBM SPSS) version 24.

3. Results and discussion

3.1 Discussion of Distribution of Patients According to their Socio-demographic Characteristics (table 1):

Data analysis relative to such characteristics depicts that about two third of patients are male (70%) who are young adult ($M \pm SD = 32 \pm 9$ years) which the highest percentage among age group is refer to 20-29 years (table 1). This finding add-ons evidence that the incidence predominance is noted in men and the peak age of onset in the early to late 20s. Another point of view, perhaps at the time of data collection by the researcher, males were reviewing more than females. Supportive evidence has been found by the study that conducted on (149) patients with schizophrenia where it was found about 2/3 of the participants had male and median age 34 years (17).

The current study also found that the highest percentage of participants are married and about half are employed and more than half of patients are reporting that they have children in which 45% of them are having 1-3 children per family (table 1). Such findings provides evidence that mental illness is not considered a major obstacle to intimate relationships, obtaining a life partner, the desire to have children, and taking on the role of parenting and professional life. These findings are close to those of a previous review that found a large number of patients were married and most of them were working (56%). Such findings are similar with that of a previous study that showed a large number of patients were married and most of them were working (56%) (18). Additional support has provided by study that indicate that (52) patient have children and (23.5%) without children(19).

With regard to educational level, the study confirms that most of patients with schizophrenia at psychiatric teaching hospital in Baghdad city are graduated from primary schools(table 1). Such finding provides an indication that a patient who suffers from a mental illness finds it difficult to complete his education this may be due to the family does not send the child to school because of the family's limited income, or because the parents do not have the education culture and do not want their children to complete education, or it may be that the child himself refuses to complete his studies. This result is consistent with study showed the highest percentage of an educational level less than 9 years old (20) and differs with another study found the secondary school level is highest percentage (21) .

Concerning monthly income, more than half of patients perceive barely sufficient income (table 1). This is the expected result of this study because half of the participants were employed (31.2% of them working free works while only 20% are governmental employee.) means that they can meet their material needs. This result agrees with the study that found more than half of sample (59%) was middle socioeconomic status (8).

3.2 Discussion of Assessment of Perceived Self-Stigma among Patients with Schizophrenia (table2)

The Patient's level of self-stigma noticed that 48.8% of patients are perceiving moderate level of self-stigma and 22.5% are perceive high level of self-stigma (Table 2). This finding certainly offers supportive evidence to the widespread self-stigma in Iraqi society and may be individuals with diagnosis of schizophrenia confronted with specific form the self-Stigmatization consequences such as social exclusion, restricted opportunities for education , feelings of shame, decreased life satisfaction, and adverse effects on social functioning. the self-stigma arises from discrimination from public people ;through the media that show that the mental patient is dangerous this because the nature, signs, and symptoms of the disease or from negative stereotype for patient about self. The findings of this research are close to those of previous studies that were conducted to assess self-stigma as well, and its results were just 20–33 percent of participants reported high levels of stigmatization, indicating moderate self-stigma (22) and these study was not compatible with another previous study where found Thirty-five percent of participants reported moderate to severe levels of internalized stigma (23)

3.3 Discussion of Significant Differences Regarding Self-Stigma and Patients' age(table 3):

With regard to patient's age, high significant difference has been found in self-stigma with regard to patients' age and older patients (40-49) years report higher levels of self-

stigma than other age group (Table 3). This is may be due to that later age patients are lost social support from the parents, partner, and the children due to separation and death, or their feeling that life is over and their mental illness has not ended. Another reason may be because of their inability to bear the society's perception of them and because younger patients are busy with their jobs and family life. The findings of the study are in line with those of a significant number of studies that have discovered a connection between self-stigma and age, with older ages being correlated with an increase in self-stigma (24),(25).

3.4 Discussion of Correlation between Perceived self-Stigma and Social Functioning among Patients with Schizophrenia(table 4):

Analysis for such relationships concerning self-stigma and social functioning clarify that there was strong positive correlation between perceived self-stigma and social functioning among patients with schizophrenia (Table 4). This finding can be interpreted in a way the self-stigma that the patient feels through the negative thoughts that society holds against them or through their feeling of distinction due to their psychological illness at work, school, and the area in which they live all effect on social functioning including their role at work, school, society, and their relationships with friends, family and neighbors .The correlation among social functioning and self-stigma is a logic considering the poor social functioning as one of the consequences of the stigma. The result of this study agrees with study results suggest that stigma experiences are associated with symptoms and social function. At baseline and 6 months, participants reporting more internalized stigma had higher levels of positive symptoms, more emotional discomfort and fewer social relationships (26).

4. Conclusions

Most schizophrenic patient participants are perceived a moderate level of self-stigma as well as Self-stigma is higher in older patients (40-49) than in other age groups ,and Self-stigma and social functioning have a clear positive correlation.

5. Recommendation

Successful anti-stigma programs can help people receiving psychiatric care have better social functioning through social media and on the same topic, further research can be done at a national level with a large sample size.

Table (1): Distribution of Patients According to their Socio-demographic Characteristics

List	Characteristics		f	%
1	Gender	Male	56	70
		Female	24	30
		Total	80	100
2	Age M±SD= 32±9	≤ 19 year	10	12.5
		20 – 29 year	27	33.7
		30 – 39 year	26	32.5
		40 – 49 year	14	17.5
		50 – 59 year	3	3.8
		Total	80	100
3	Marital status	Unmarried	25	31.2
		Married	29	36.3
		Divorced	15	18.7
		Widowed/Widower	3	3.8
		Separated	8	10
		Total	80	100
4	Level of education	Doesn't read & write	7	8.8
		Read & write	3	3.8
		Primary school	28	35
		Intermediate/secondary	25	31
		Institute/college	16	20
		Postgraduate	1	1.3
		Total	80	
5	Occupation	Doesn't work	39	48.8
		Free works	25	31.2
		Governmental employee	16	20
		Total	80	100
6	Perceived monthly income	Insufficient	24	30
		Barely sufficient	49	61.2
		Sufficient	7	8.8
		Total	80	100
7	Having children	None	37	46.2
		1 – 3	36	45
		4 ≤	7	8.8
		Total	80	100

f: Frequency, %: Percentage, M: Mean, SD: Standard deviation

Table (2): Assessment of Perceived Self-Stigma among Patients with Schizophrenia

Self-Stigma levels	f	%	M	SD
Low	23	28.7	83.93	27.394
Moderate	39	48.8		

High	18	22.5		
Total	80	100		

f: Frequency, %: Percentage, M: Mean for total score, SD: Standard Deviation for total score
Low= 28 – 65, Moderate= 66 – 103, High= 104 – 140

Table (3): Scheffes' Multiple Comparisons Test for Significant Differences Regarding Self-Stigma and Patients' age (N=80)

Dependent Variable	(I) Age	(J) Age	Mean Difference (I-J)	Std. Error	Sig.
Self-Stigma	≤ 19 year	20 – 29 year	9.422	9.353	.907
		30 – 39 year	11.700	9.402	.817
		40 – 49 year	34.271*	10.461	.038
		50 ≤ year	-18.800	16.632	.864
	20 – 29 year	≤ 19 year	-9.422	9.353	.907
		30 – 39 year	2.278	6.942	.999
		40 – 49 year	24.849	8.321	.074
		50 ≤ year	-28.222	15.376	.503
	30 – 39 year	≤ 19 year	-11.700	9.402	.817
		20 – 29 year	-2.278	6.942	.999
		40 – 49 year	22.571	8.376	.135
		50 ≤ year	-30.500	15.406	.424
	40 – 49 year	≤ 19 year	-34.271*	10.461	.038
		20 – 29 year	-24.849	8.321	.074
		30 – 39 year	-22.571	8.376	.135
		50 ≤ year	-53.071*	16.074	.036
	50 ≤ year	≤ 19 year	18.800	16.632	.864
		20 – 29 year	28.222	15.376	.503
		30 – 39 year	30.500	15.406	.424
		40 – 49 year	53.071*	16.074	.036

Table (4): Correlation between Perceived self-Stigma and Social Functioning among Patients with Schizophrenia (N=80)

Correlation		Self-Stigma	Social Functioning
Self-Stigma	Pearson Correlation	1.00	0.746**
	p-value	--	0.001
Social Functioning	Pearson Correlation	0.746**	1.00
	p-value	0.001	--

**. Correlation is significant at the 0.01 level (2-tailed)

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