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Self-stigma and self-esteem among patients with alcohol use disorder in selected hospitals

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Abstract

Introduction: Self stigma occurs when people internalize the public attitudes and suffer numerous negative consequences as a result. The severe negative consequences of self-stigma are low self-esteem, increase inseverity of symptoms, low treatment adherence and decrease quality of life. This study aimed to find the prevalence of self-stigma and its effect on self-esteem of patients with alcohol use disorder (AUD).

Method: A cross-sectional study (n=132) was conducted among patients with AUD attending psychiatric outpatient department (OPD) of Patan Hospital and Mental Hospital, Lagankhel. Non probability purposive sampling technique was used for the study. The data was collected by face-to-face interview technique using structured interview schedule. Descriptive and inferential statistics (Pearson chi-square and Pearson correlation) were used for data analysis.

Result: Among AUD patients, 129(97.80%) had self-stigma. Among them 29(22%) experienced mild, 60(45.50%) moderate, and 40(30.30%) severe self-stigma. Among the five components of self-stigma, alienation had highest mean score followed by discrimination experience and lowest in stigma resistance. Regarding self-esteem, 117(88.60%) had low, 7(5.30%) had moderate and only 8(6.10%) had high self-esteem. There was a significant negative correlation (r=-.458) between self-stigma and self-esteem.

Conclusion: Based on the findings of the study, it is concluded that almost all of the respondents with AUD experienced self-stigma. More than three-fourth of respondents had low self-esteem. Self-stigma was negatively correlated with self-esteem.

Keywords: alcohol use disorder, self-esteem, self-stigma

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Introduction

Alcohol consumption is a public health concern because it is one of the biggest health risks in the world. More than 200 diseases and injuries are caused by the inappropriate use of alcohol. Alcohol abuse causes 3 million deaths worldwide each year.[1] Alcohol use disorders (AUD) which is characterized by compulsive heavy alcohol use and loss of control over alcohol intake. AUDs are among the most common mental illness worldwide.[2]

AUDs are undertreated despite their significant incidence in part due to the considerable stigma attached to them.[3] Patients who experience stigmatization experience negative effects such increased social isolation, restricted access to care, and diminished prospects in life.[4] Self-stigma works as a barrier that keeps them away from accessing healthcare, which has an impact on the course and prognosis of their condition. When stigma is internalized, people with frequently have low self-esteem and poor quality of life.[5] Reduced self-esteem has been associated with relapses and treatment noncompliance.[6]

A study conducted in the United States shows higher degrees of self-stigma linked to more severe AUD as well as more obsessive thoughts and compulsive behavior towards drinking.[7] An Euthopian study showed very high treatment gap, 87% of respondents never sought help for alcoholism.[8] A cross-sectional study from India had 66% prevalence of self-stigma.[4] A prevalence study of Chitwan, Nepal among 3382 general population reported that 29.1% had alcohol use disorder and among them 80% had internalized stigma.[9] In Nepal, limited studies have been published on self-stigma and self-esteem among patients with AUD.

Method

A quantitative analytical cross-sectional study design was used to find out the level of self-stigma and self-esteem among the patients with alcohol use disorder (AUD) and its relationship. The study was conducted among 132 patients at outpatient department (OPD) of Patan Academy of Health Sciences (PAHS), Patan Hospital and outpatient department (OPD) of Mental Hospital. The population of study was all the patients diagnosed with AUD visiting OPD of Patan Hospital and Mental Hospital Lagankhel, during the period of study. Inclusion criteria were patients both male and female patients diagnosed with AUD who were ready to participate in the study and had given consent, aged 18 to 65 years. An exclusion criterion was patients diagnosed with AUD who have anxiety disorder. Non-probability purposive sampling technique was used to collect data.

Data was collected using a structured interview questionnaire in Nepali language. Data collection instrument consisted of three parts: demographic characteristics and clinical variables, brief version of Internalized Stigma of Mental Illness Scale 10 (ISMI 10)[10] to assess self-stigma and Nepali version of Rosenberg Self Esteem Scale (RSES)[11] to assess self-esteem. Level of self-stigma was categorized according to mean score.[12] ISMI-10 is a four-point likert scale where 1 is strongly disagree, 2 is disagree, 3 is agree and 4 is strongly agree. ISMI-10 contains 10 items and total score ranges from 4 to 40. The order of items 2 and 9 was reversed before the final score was determined. The sum of the item scores was divided by the total number of correctly answered items. The final mean score was ranging from 1 to 4. RSES is likert-scale with ten items answered on a four-point scale with responses ranging from strongly disagree (0) to strongly agree (3). Item 8 was excluded as it was not psychometric sound while translation.[11]

ISMI 10 and RSES are standard tools. ISMI 10 was translated and used in Nepali language.[13] RSES was translated and validated tool available in Nepali language.[11] Reliability of the instrument was ensured in 20 respondents, where the Chronbach's alpha coefficient of ISMI-10 was 0.72 and RSES was 0.671 respectively. As RSES tool is internationally validated and has been translated and validated in Nepali language,[11] it was used despite the value being 0.671.

The sample size was calculated using the Cochran formula on the basis of prevalence of 80%.[14] Data collection was done from 13th Aug to 23rd Sep, 2023, for six weeks. Thus, data from 132 respondents were collected. Although, 136 respondents were approached.

The study was conducted after obtaining permission from the Research Committee of School of SoNM. Ethical approval was obtained from Institutional Review Committee of PAHS (PNM2307251776). Data was collected from psychiatric OPD of Patan Hospital and Mental Hospital. Respondents were selected voluntarily under no coercion. Information about the study was provided. The written consent was obtained from each respondent before the interview. The interview was taken for about 25-30 minutes and 4-8 patients were interviewed per day as per availability. Respondents who did not want to continue during data collection were allowed to withdraw. In between the data collection respondents were given information regarding liver diseases associated with alcohol and the importance of follow up.

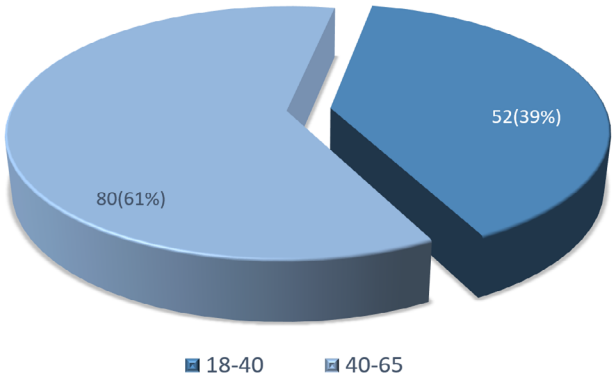
Confidentiality was maintained by using code numbers for respondents instead of names, analyzing and publishing data in an aggregate form. Anonymity

was maintained by not asking names of the respondents instead writing code numbers. Privacy of the respondents was maintained by collecting data separately in a corner convenient to them.

The collected data were entered into Statistical Package for Social Sciences (SPSS) version 16. The analysis and interpretation were done based on objective of the study using descriptive and inferential statistics (Pearson chi-square and Pearson correlation).

Result

There were 132 respondents with AUD attending psychiatric OPD of Patan Hospital and Mental Hospital, Lagankhel were included in this study. Regarding age of respondents, 80(61%) of them were in the age group of 40-65 years and 52(39%) belongs to 18-40 years of age group where mean±SD: 42.08±10.90 years, Figure 1.



Mean±SD: 42.08±10.90 (age categorized according to Erik Erikson)[15]

Figure 1. Distribution of respondents according to age category (n=132)

It was found that majority of the respondents were male 119(90.2%). Likewise, most of them were married 115(87.12%) and living with spouse. Regarding employment status, more than half 81(61.36%) respondents were self-employed whereas only 7(5.30%) were homemaker. Regarding types of family, 98(74.25%) had nuclear family, Table 1.

Regarding level of self-stigma, out of 132 respondents about half 60(45.5%) had moderate self-stigma followed by 40(30.3%) had severe self-stigma and 29(22%) had mild self-stigma, Table 2.

Out of 132 respondents, majority of respondent 117(88.6%) had low self-esteem whereas only 8(6.1%) had high self-esteem, Table 3.

Regarding demographic variables (age, gender, education level, types of family, marital status, employment status) and clinical variable (duration of alcohol use) were not significantly associated with self-stigma at 95% confidence interval. Education level was significantly associated with self-esteem, Table 4.

Table 1. Socio-demographic variables (n=132)

Variables	*f* (%)
Gender	
Male	119(90.2)
Female	13(9.8)
Marital Status	
Married	115(87.12)
Unmarried	17(12.88)
If Married	
Living with spouse	105(79.55)
Divorced	4(3.03)
Widow / widower	2(1.5)
Living Apart	4(3.03)
Current Employment Status	
Government employee	14(10.61)
Non-Government employee	9(6.82)
Self employed	81(61.36)
Homemaker	7(5.3)
Unemployed	21(15.91)
Types of Family	
Nuclear	98(74.24)
Joint	34(25.76)

Table 2. Level of self-stigma (n=132)

Level of Self-Stigma	*f* (%)
No self – stigma (1.00-2.00)	3(2.20)
Mild self-stigma (2.01-2.50)	29(22.00)
Moderate self-stigma (2.51-3.00)	60(45.50)
Severe self-stigma (3.01-4.00)	40(30.30)

Table 3. Level of self-esteem (n=132)

Level of Self –Esteem		*f* (%)
Low Self Esteem	(< 13.5)	117(88.60)
Moderate Self Esteem	(13.5)	7(5.30)
High Self Esteem	(> 13.5)	8(6.10)

There was negative correlation between self-stigma and self-esteem (r = —0.458). It represents that, as the level of self-stigma increases, the self-esteem decreases or vice versa, Table 5.

Table 5. Relationship between self-stigma and self-esteem (n=132)

	Self-stigma	Self - esteem
Self-stigma	1	-
Self - esteem	-.458**	1

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

Discussion

In this study more than half of the respondents 80(60.60%) were belong to the age group 40-65 years; almost all of them were male 119(90.20%). Nearly half of them 58(43.94%) had secondary level education. Most of them were married 115(87.12%) and living with spouse 105(79.55%). More than half of them 81(61.36%) were self-employed and most of them 98(74.24%) were belong to nuclear family.

Table 4. Association between demographic variables (age, gender, education level, types of family, marital status, employment status) and clinical variable (duration of alcohol use) with level of self – esteem (n=132)

Demographic variables	Low self-esteem n(%)	Moderate to high self-esteem n(%)	Chi-square	P-value
Age				
18-40	86(65.10)	10(7.50)	0.313	0.576
40-65	31(23.40)	5(3.70)		
Gender			0[c]	0.983
Male	106(80.30)	13(9.80)		
Female	11(8.30)	2(1.50)		
Education Level			4.183	0.041
Up to Basic	64(48.40)	4(3.00)		
Secondary and above	53(40.10)	11(8.30)		
Types of family			0.052[c]	0.82
Nuclear	86(65.10)	12(9.00)		
Joint	31(23.40)	3(2.20)		
Marital status			0.216[c]	0.642
Married	103(78.00)	12(9.00)		
Unmarried	14(10.60)	3(2.20)		
If married			0[c]	1
Living with spouse	94(71.20)	11(8.30)		
Living without spouse	9(6.80)	1(0.70)		
Employment status				0.127
Employed	96(72.70)	15(11.30)		
Unemployed	21(15.90)	0		
Duration of alcohol use			0[c]	1
Up to 10 years	27(20.40)	3(2.20)		
Above 10 years	90(68.10)	12(9.00)		

Note: [c]denotes: continuity correction; Employment: fisher's exact test

Among 132 respondents, majority of them 129(97.80%) had self-stigma. Among them 29(22%) had mild, 60(45.50%) had moderate and 40(30.30%) had severe self-stigma respectively. This finding was similar to the study conducted in Thailand where 430(100%) respondent had prevalence of self-stigma, among them 48(11.16%) reported a low level, 340(79.07%) had moderate level, and 42(9.77%) had high level of self-stigma.[16] Another similar study findings from India, among 201 respondents revealed that more than 95% of the respondents had severe to moderate level of stigma. Similarly, the prevalence percentage matched with the cross-sectional study conducted in Chitwan, Nepal, which found that 566(80%) of respondents had internalized stigma.[14] However, a study carried out in India revealed a different picture, with 33(66%) of people reporting self-stigma.[17] Another study with contrast result was found which was conducted in Nepal among 180 patients which revealed that the prevalence of self-stigma was 98(54.44%), with 47(48%) of participants reporting mild, 34(34.7%) reporting moderate, and 17(17.3%) reporting severe self-stigma respectively.[13] This can be due to social desirability bias that occurs when the respondents provide answer according to society's expectations, rather than their own beliefs or experiences. This may be due to social context as they are labeled as alcoholics.

For the subscale of stigma scale in this study, the mean score was highest for alienation followed by discrimination experience, social withdrawal, stereotype endorsement and lowest for stigma resistance. Higher score for alienation reflects that they have subjective experience of being less than a full member of society may be due to social stigma of Nepalese society. Similar findings were found in Korean study where alienation and social withdrawal were significant predictors in AUD.[18] In contrary, another study of Nepal revealed highest mean score was on stereotype endorsement.[13] Likewise, another study of Turkey have shown that there was a positive association between the ISMI subscales measuring social withdrawal and stigma resistance, as well as a moderate relationship between the internalized stigma and self-esteem that people with AUD experienced.[19]

In this study, majority of respondents 117(88.6%) had low self-esteem. Only 8(6.1%) had high level of self-esteem. It can be due to education level of respondents. As there were only 6(4.5%) had university level education and the study shows that education level was significantly associated with self-esteem. Likewise, most of them had higher level of self-stigma. Higher self-stigma also lowers the self-esteem. This study was supported by the study from Korea where there is significantly lower score

on self-esteem (p=0.001) which also revealed that higher level of education the higher the self-esteem.[18] The same study showed that the age also had a significant association on self-esteem.[18] In contrast to present study, the study from Turkey revealed that respondents had medium level of self-esteem.[19]

On the other hand, present study revealed that self-stigma is not significantly associated with demographic variables (age, gender, education level, types of family, marital status, and employment status) and clinical variable (duration of alcohol use). In contrast, the study of India showed that education status and duration of drinking significant associated with self-stigma in patients with AUD.[17] Another study of Turkey showed that social withdrawal scores of the unemployed are higher than the scores of the retired.[19]

The last objective of the study was to find out the relationship between self-stigma and self-esteem. This study showed that there was a negative correlation (r=-0.458) between self-esteem and self-stigma. It implies that the patients with alcohol use disorders have lower self-esteem as their self-stigma increases. On the other hand, as self-esteem increases, level of self-stigma decreases. Similar study of Korea[18] by Keunwoo Park and study of Nepal by Maharjan & Panthee (r=-0.74) revealed that self-stigma had negative correlation with self-esteem.[13] In contrary to this study, findings from the study of Turkey[19] showed that the positive correlation between ISMI subscales measuring social withdrawal and self-esteem (r=0.72) as social withdrawal increases self-esteem also increase. However, the same study showed that there was a moderate relationship between the internalized stigma and self-esteem which was inconsistent to the present study.[19]

Conclusion

Based on the findings of the study, it is concluded that almost all of the respondents with alcohol use disorder experienced self-stigma. More than three fourth respondents had low self-esteem. There was no significant association between self-stigma and demographic variables (age, gender, education level, marital status, types of family) and clinical variable (duration of alcohol use). However, low self-esteem was significantly associated with education level. Additionally, self-stigma and self-esteem had negative correlation.

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Conflict of Interest

None

Author's Contribution

Concept, design, planning: BR, KMP; Literature review: BR, KMP; Data collection: BR, KMP; Data analysis: BR, KMP; Draft manuscript: BR, KMP; Revision of draft: BR, KMP; Final manuscript: BR, KMP; Accountability of the work: BR, KMP.

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