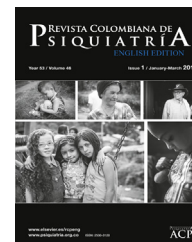




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Original article

Evaluation of the stigma towards people with a diagnosis of schizophrenia using a knowledge scale[☆]

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ABSTRACT

Introduction: Social stigma is the assigning of negative stereotypes to people with schizophrenia. Different measurement tools have been used to evaluate this, including knowledge scales. The aim of this study was to evaluate the public stigma by measuring this knowledge and relate the degree of information with variables that have shown to influence on stigma presented by the affected population.

Methods: The sample was composed of 399 people and the inclusion criterion was being between 18 and 65 years of age. The “questionnaire of knowledge on schizophrenia” was applied, as well as a questionnaire to collect sociodemographic information. Participants were recruited in places with large crowds. The following analyses were performed: multiple correlations, non-parametric bivariate and hierarchical clusters.

Results: The questionnaire had two dimensions: “beliefs on the knowledge of schizophrenia” and “attitudes towards schizophrenia”. There are significant differences between them, and the contact with people with SMI. In the analysis of clusters, there was difference in the two groups according to the combination of the two dimensions of the tools.

Conclusions: It is highlighted that none of the dimensions measures true knowledge, and the questionnaire has an attitudinal dimension. More than contact itself, it is the type of interaction of a relevant variable at the level of stigma that questions the traditional hypothesis of contact. Further research is required on the characteristics of the tool and the aspects of the contact associated to a lower level of stigma in the population.

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Evaluación del estigma hacia personas con diagnóstico de esquizofrenia mediante una escala de conocimiento

R E S U M E N

Palabras clave:
Estigma social
Esquizofrenia
Opinión pública
Actitudes

Introducción: El estigma público es la adscripción de estereotipos negativos a las personas con diagnóstico de esquizofrenia. Se han utilizado distintos instrumentos para evaluarlo, entre los que destacan las escalas de conocimiento. El objetivo del estudio es evaluar el estigma público a través de una medida de conocimiento y relacionar el nivel de información con variables con demostrada influencia en el estigma que presenta la población.

Métodos: La muestra fue de 399 personas; el criterio de inclusión fue tener entre 18 y 65 años. Se aplicó el Cuestionario de conocimiento sobre la esquizofrenia y un instrumento para recolectar información sociodemográfica. Los participantes fueron reclutados en lugares de gran afluencia de público. Se realizaron análisis de correspondencias múltiples no paramétricos bivariantes y de conglomerados jerárquicos.

Resultados: El cuestionario presenta dos dimensiones: «Creencias sobre el conocimiento de la esquizofrenia» y «Actitudes hacia la esquizofrenia»; existen diferencias significativas entre estas y el contacto con personas con un trastorno mental grave. En el análisis por conglomerados, se encontraron 3 grupos diferenciados en función de la combinación de las 2 dimensiones del instrumento.

Conclusiones: Destaca que ninguna de las 2 dimensiones mide conocimiento veraz, y el cuestionario tiene una dimensión actitudinal. Más que el contacto en sí, es el tipo de interacción una variable relevante en el nivel de estigma, lo que cuestiona la hipótesis tradicional del contacto. Se requiere investigar mejor las características del instrumento y los aspectos del contacto que se asocian a un menor nivel de estigma en la población.

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Introduction

Stigma can be considered as the principal source of suffering for people diagnosed with severe mental illnesses (SMI), mainly schizophrenia, because of the significant psychosocial impact it generates.^{1,2} Stigma refers to the process of labelling, loss of status and discrimination a person is subject to when they have a characteristic that the social group belittles.³ Among the main consequences of stigma are the deterioration in self-image,⁴ difficulties in access to employment, housing and social relationships,⁵ and the barrier effect it generates in health services.⁶

Stigma is a complex phenomenon with different degrees; researchers distinguish between structural stigma, public stigma and self-stigma.⁷

In public stigma, the general population ascribes negative stereotypes to a social group based on prejudice, which translates into discriminatory behaviour.⁸ People who are diagnosed with schizophrenia are often seen as violent, dangerous, unpredictable and not competent to make their own decisions.^{9,10} A number of different variables have been found to influence peoples' attitudes. They include age, educational level and previous contact with somebody with SMI.¹¹ Although in Latin America, and particularly in Chile, the subject has been little studied,^{12,13} research results are consistent with those found in other parts of the world; there are prejudices and negative attitudes towards people with schizophrenia.^{14,15}

Public stigma has been studied through the beliefs and attitudes of the population towards people with a psychiatric diagnosis.¹⁶ Different instruments have been used to evaluate the stigma, including the social distance scales, the semantic differential scale and attitude and knowledge scales.^{17,18} Some studies show a relationship between the level of information a person has about a psychiatric diagnosis and their attitudes towards that population. This seems to be a dialectical relationship, as it has been found that prejudices towards a certain social group influence the degree and type of information people absorb about that group.¹⁸

Information can reduce prejudices, both directly through the questioning of myths, and indirectly by increasing awareness of these people's situation. The information is essentially assessed using quick-to-complete true/false and multiple-choice questionnaires. Measures such as these have the advantage of being relatively easy to apply and score, and they are sensitive to change, so they are used in anti-stigma programmes and reduce social desirability.¹⁸

Of these instruments, the information scale used by the World Psychiatric Association to evaluate the educational components of its "open the doors" programme is one of the most widely used.^{10,19} This measurement tool was adapted and used in a research study in Argentina.¹³

The few studies to have evaluated stigma in Chile have mainly used attitude scales and instruments of their own. It would therefore be useful to have other measures endorsed in different cultural contexts; particularly if we consider that stigma is a public health problem, as it directly affects

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