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Effect of Educational Program for Reducing Self Stigma and Shame among Substance Abuser Women

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Abstract- A woman as an addict or substance abuser has to face very hazardous consequences, self-stigma, internalize shame and stigmas of society as compared to men's. Women users experience a number of additional barriers to receiving treatment including maternal responsibilities, lack of child care while in treatment, disadvantages in economic resources, less social/partner-support, and possibly greater social stigma. **Aim:** to develop an educational program for substance abuser women to reduce self stigma and internalized shame. **Study design:** a quasi-experimental design was utilized to conduct this study. **Setting:** this study was conducted at inpatient department for substance abusers women in Abbasiya for Mental health Hospital- Salah Salem Street- Cairo city. **Subject:** convenient sample of 30 substance abuser women. **Data collection tools:** 1) Socio-demographic questionnaire for women. **2)** Substance Abuse Self Stigma Scale, SASSS. **3)** The Internalized Shame Scale, ISS. **Results:** the present study revealed that there was a highly statistically significant improvement regarding self stigma and internalized shame scores post implementation of educational program. In addition, there were highly statistically significant positive correlations between self stigma and internalized shame of studied women. **Conclusion:** the implementation of educational program has a statistically significant positive effect on women's level of self stigma and internalized shame related to substance abuse. **Recommendations:** The developed program should be implemented on a wider scale in the study settings and in similar ones to confirm its positive effects and improvement. Expand primary health care services in community services frequently used by substance abuser women.

Keywords: **self-stigma, internalize shame, substance abuser women.**

I. INTRODUCTION:

Substance abuse is a major problem in society ruining the life and contributes to use of national resources for fight addiction and its shortcomings. Addiction affects several brain pathways, including those involved in reward and motivation, learning and memory, and the

regulation of inhibitory behavior. Depending on the relationship between genetic makeup, age of exposure to drugs, and other environmental factors, certain people are more vulnerable to being addict than others. While an individual initially contentious to take drugs, by prolonged exposure it affects on brain processing compromise the capacity to pick, pursue, and the drug use turned into obsessive, frequently eluding the self-control of a human ***National Institute on Drug Abuse, (2018)***

Substance abuse has long been considered as a male problem, but apart from some status and class in society, it has also been present in women over the past few years. As an alcoholic or drug abuser, a woman has to face very dangerous social repercussion and stigmas in contrast to a male. Support is not offered by her own family and she suffered tremendous emotional and psychological distress. Many of these stigmas and sexism lead women to dangerous habits, unsafe sexual activities, and there are great risks of losing their own esteem and identity in society as women want to discuss their concern ***Joshi and Rathore, (2017) and Sharon, (2017).***

Stigma defined as a psychological mechanism where the person is socially sanctioned and de-evaluated by a presumed characteristic. Stigma may be divided into at least two domains: Social stigma is severe social rejection of personal traits or values opposed to cultural standards. Self-stigma refers to the self-devaluation and apprehension of enacted stigma arising from a stigmatized community that acts as a deterrent to the achievement of life goals ***Tatjana, Dusan and Evite, (2016)***.

Considerable guilt and shame, low levels of hope, self-esteem, self-efficacy, and quality of life are correlated with high levels of self-stigma. Self-stigma can undermine adherence to guideline for treatment and reduce behavioral help-seeking. It also may compete with recovery aims, such as seeking jobs, independent living, and maintaining a complete social life .Different terms, including internalized stigma, perceived stigma, and enacted stigma has been described the concept of self-stigma ***Ying et al, (2017).***

Shame has been deeply involved in habits that enable people, such as binge-eating, sexual risk-taking and drug use to avoid feelings of worthlessness and disappointment. Increased feelings of shame dramatically increase sensitivity to addictive behaviors, particularly drug abuse. In fact, women seeking treatment for substance-related problems can suffer greater shame than males and frequently fear intimate relationship breakdowns ***Masuma and Robert, (2014).***

The most significant aspects in reducing stigma and shame associated with addiction are Education and awareness. For people with addiction, it's important to realize that substance abuse is a disease, it is not personal failure and it is possible to cure. For substance abusers, it is really important to seek treatment and not let the fear of being stigmatized and shamed prevent them to seeking support ***Luoma, Barbara, Steven, Kara, and Alyssa, (2016).***

In aiding individuals who are undergoing the drug rehabilitation, nurses play an important role. They map their improvement, help them to adapt their life without drugs, educate them how to reduce the feeling of stigma and shame, and how to sustain their sobriety after completing therapy ***Ibrahim, (2018)***.

A relatively recent field of study is designed approaches to minimize self-stigma. Psycho-education or psycho-education combined with cognitive restructuring are most successful forms of intervention strategies for reducing self-stigma ***Dinesh Mittal, et al,* (*2014)***.

The processes and content used for the educational interventions differed greatly. For example, **1**- a trainer emphasized the effects and implications of stigma and shame, encouraged participants to share personal experiences and explore behavioral strategies. **2-** The intervention aimed to educate participants to accept the experience of disorder, minimize at self-stigmatizing behavior, build optimism, and achieve positive life goals. **3-** A more medically based approach was used to inform participants about the condition, educating participants about the disorder, drug abuse symptoms, stigma, relapse reduction, crisis management, stress-management and assertiveness skills, self help, and the use of community resources ***Dinesh Mittal, et al, (2014)***.

Significance of the Study:

Substance abuser women face a variety of challenges that differ in extent and nature compared with those faced by male. Substance abuser women have greater experiences of stigma, shame and discriminatory responses; have lower social support, are more impacted maternal role and are at a greater risk of exposure to violence and blood-borne infections ***Joshi and Rathore, (2017).***

In Egypt substance abuse is the main societal problem, where national results search for addiction confirmed that the prevalence of the drug addiction in Egypt is twice the global rates, as the proportion in Egypt has reached 10% and % 27 of drug consumers and abusers are women ***The Egyptian center for prevention and treatment of addiction, (2018).*** Globally, a third of drug users worldwide are women, but only fifth of drug addiction patients are women according *to* ***The World Drug Report United Nations Office on Drugs and Crime :UNODC, (2018).***

The aim of the study

The current study aimed to develop an educational program for reducing self-stigma and shame among substance abuser women. This was attained through the following objectives: assessing knowledge of substance abuser women regarding reducing self-stigma and shame, assessing the feeling of shame among substance abuser women, accordingly designing and implementing an educational program for reducing self stigma and shame among substance abuser women and evaluating the effect of the educational program on reducing self-stigma and shame among substance abuser women.

Hypothesis:
Substance abuser women will have a low level of self-stigma and shame regarding to substance abuse after implementation of the educational program

II. SUBJECTS AND METHODS

- **Research design:**
  Quasi-experimental research design (pre and post-test) was utilized in this study.

- **Setting:**
  The study was conducted in the inpatient department for substance abusers women in Abbasiya for Mental health Hospital, in Salah Salem Street, Cairo, Egypt, affiliated to Egyptian Ministry of health.

- **Subjects**:
  The current study comprised of convenient sample used to achieve the aim of this study. The sample was chosen as the number of available substance abuser women of the present study were 30 women.

Tools for data collection

Tool (1): Socio-demographic data questionnaire

1. Interview questionnaire sheet developed by the researcher based on relevant and recent literature review will be consisted of two parts:

A- Demographic characteristic of substance abuser women such as (Age, work/ job, Education, etc…).

B- Knowledge regarding substance abuse such as (kind, duration, route of administration……etc.

Tool (2): SASSS Substance Abuse Self Stigma Scale: This scale was adapted from **Luoma et al., (2013)** to assess self-stigma among individuals with substance abuse disorders, and it consists of the following three subscales :-
A-Self-devaluation: it consists of 8 items.
B-Fear of enacted stigma: it consists of 9 items.
C-Stigma avoidance and Values disengagement: it consists of 23 items.

Scoring system:

Each item of the **Self-devaluation** subscale required participants to respond on a 5-points Likert-type scale, ranging from 1(never) to 2 (rarely), 3 (sometimes), 4 (often) and 5 (very often).
Each item of the **Fear of enacted stigma** subscale required participants to respond on a 5-points Likert-type scale, ranging from 1(Few People) to 2(Some people), 3 (Many people), 4 (Most People) and 5 (Almost Everyone).

Each item of the Stigma avoidance and Values disengagement subscale required participants to respond on a 5-points Likert-type scale, ranging from 1(Never or never almost true) to 2(Rarely true), 3 (sometimes true), 4 (Often true) and 5 (Always or almost always true). This scale have the following 10 reverse items no: 2,3,5,6,7,12,13,14,21,22. The Cronbach's alpha for the subscales ranging from α =0.82 – α =0.88. Full scale (40 items; α =0.86) obtained acceptable levels of internal consistency.

Tool (3): The Internalized Shame Scale, ISS: This scale adapted from **Cook, (2001)** to assess shame-related thoughts and feelings. The ISS consists of 30 items. Six items comprise a self esteem subscale, and the remaining 24items comprise the internalized shame sub-scale. The researcher edited and rephrasing items of tool to meet the aim of the study after reviewing literature in this field.

Scoring system:
Each item of the internalize shame scale using a 5-point Likert scale that describes how frequently the item is experienced ranging from 0(Never) to 1(Seldom), 2(Sometimes), 3(Frequently), and 4 (Almost Always). The 6 items that assess self esteem (no: 4, 9, 14, 18, 21, 28) are reverse items. Potential scores for internalized shame range from 0 to 96.

Ethical Considerations:

An official permission was obtained through an issued letter from the Dean of Faculty of Nursing, Ain Shams University to conduct this study. The purpose of the study was explained to the women in the first part before starting the administered questionnaire the researcher informed the participants that, the study was voluntary, they were given an opportunity to refuse to participate and they had the right to withdraw from the study at any time, without giving any reason. Moreover, they were assured that, their information would be confidential and used for research purposes only.

Operational Design:

The operational design includes preparatory phase, pilot study, and field work.

Phase I: Preparatory phase (data collection)

It includes reviewing of the past and current related literature and different studies covering the various aspects of women substance abuse self-stigma and shame by using books, articles, periodicals, magazines and online references to get acquainted with the research problem and develop the study tools. The study tools were designed and translated into Arabic language by language experts and back translated to ensure its accuracy.

Pilot study

A pilot study was carried out after the adaptation of the tools and before starting the data collection. A pilot study was carried out in the first half of September, 2019. It was conducted on (10%) of the expected sample size to test the clarity, feasibility and applicability of the study tools. In addition, it served to estimate the approximate required time for interviewing the substance abuser women as well as to find out any problems that might interfere with data collection. After obtaining the result of the pilot study, there were no modifications of tools. The participants in the pilot study were excluded from the main study sample.

Phase II: Designing phase (planning):

This phase aims at planning for educational program for substance abuser women for reducing self-stigma and shame through setting objectives, preparing the educational skills and designing the methodology and media. The materials for the program were obtained from the textbook, journals, periodicals, magazines and the online references**.**

Phase III: Implementation phase:

Field work:

The actual process of data collection consumed 6 months started from September 2019 until February 2020.

Data was collected twice weekly (Sunday, Tuesday) two group for every day. Before conducting the educational program, participating women were asked to give a written or verbal agreement to participate in the study. The researcher explained the aim and objectives of the study to participating women. All women were informed that participation is voluntary.

The educational program was implemented in the form of sessions for small group of women, each group range from 5 to 7 women. However, Pre-test carried out in September 2019 (The Female Addiction Unit at Abbasiya for Mental Health Hospital in Sunday and Tuesday at 9-11Am educational program consisted of 14 sessions. to ensure that every participating woman understands the session's content, sessions started with objectives, taking into consideration using a simple language to suit personal differences. Each session lasted from 30– 60 minutes according to women responses and active participation, as well as the time available and the content of each session.

Phase V: Evaluation of the program:

After conducting the educational program the substance abuser women were thanked for their participation and asked to fill the post-test. The evaluation of the effectiveness of the program was done

immediately after its implementation by comparing the change in women through applying the same tool of the pre-test.

4-Statistical design

The collected data were organized, analyzed using appropriate statistical significant tests. The data were collected and coded using the Computer Statistical Package for Social Science (SPSS), version 20, and was also used to do the statistical analysis of data.

Quantitative data were expressed as mean± standard deviation (SD). Qualitative data were expressed as frequency and percentage.

The following tests were done:

- Chi-square (x^2) test of significance was used in order to compare proportions between qualitative parameters.

- Pearson and (t) tests were used to compare frequencies and correlation between study variables and using a nova test for measuring quantity.

- Pearson's correlation coefficient (r) test was used to assess the degree of association between two sets of variables

- The confidence interval was set to 95% and the margin of error accepted was set to 5%. So, the p-value was considered significant as the following:

- **Probability (P-value)**

– P-value ≤0.05 was considered significant.
– P-value ≤0.001 was considered as highly significant.
– P-value >0.05 was considered insignificant.

III. RESULTS

Table (1) This table shows that, the mean age of the studied women was (29.97±5.69), regarding marital status (36.7%) of them were divorced, (53.3%) of them were below average of education level, (46.7%) of them were not- working, regarding nature of living (63.3%) of them were living with their parents, regarding condition during admission (50.0%) of them were admitted under drug effect, regarding therapeutic stage (83.3%) of them were in rehabilitation stage, (76.7%) of them were had previous attempts treatment from, regarding treatment costs (46.7%) of them were defray all of the cost, as well as (80.0%) of them were administered drugs more than a year.

Socio-Demographic data	No.	%
Age (years)		
18>24 years	8	26.7
25>35 years	17	56.7
36>45 years	5	16.7
Mean ±SD	29.97±5.69	
Marital status		
Not married	3	10.0
Married	8	26.7
Divorced	11	36.7
Separate	8	26.7
Widowed	0	0.0
Education		
below average	16	53.3
Intermediate	10	33.3
High level of education	4	13.3
Occupation		
Full- time	8	26.7
Part- time	8	26.7
Not- working	14	46.7
Nature of Living		
Alone	4	13.3
With parents	19	63.3
With husband and children	5	16.7
Other	2	6.7
Condition during admission		
Under drug effect	15	50.0
Withdrawal stage	10	33.3
Free from drugs	5	16.7
Therapeutic stage		
Detoxification	5	16.7
Rehabilitation	25	83.3
Previous attempts treatment		
Yes	23	76.7
No	7	23.3
Treatment costs		
Complimentary	10	33.3
Some of the cost	6	20.0
All of the cost	14	46.7
Duration of administration		
Less than one year	6	20.0
More than a year	24	80.0

Table (1): Distribution of the studied sample according to their socio-demographic data and admission data (N=30)

Table (2) This table clarifies that the most common substances abused among the studied sample as the following: regarding Cannabis and its derivatives (60.0%) of them were used Hashish, regarding Opioids most of them (80.0%) were used Heroin, concerning to Steroids (16.7%) of them were used Cocaine, regarding hallucinations **(**33.3%) of them were used Sedatives and concerning to Other drugs (20.0%) of them were used Parkinol.

substances abused	Yes		No	
	No.	%	No.	%
Cannabis and its derivatives				
Hashish	18	60.0	12	40.0
Marijuana	13	43.3	17	56.7
Opioids				
Tramadol	18	60.0	12	40.0
Heroin	24	80.0	6	20.0
Opium	7	23.3	23	76.7
Morphine	4	13.3	26	86.7
Codeine	6	20.0	24	80.0
Cough medication	6	20.0	24	80.0
Steroids				
Cocaine	5	16.7	25	83.3
Cold medication	2	6.7	28	93.3
hallucinations (cockroaches)				
Sedatives	10	33.3	20	66.7
Apteral	7	23.3	23	76.7
Xanax	2	6.7	28	93.3
Other drugs				
Parkinol	6	20.0	24	80.0
Kimadrin	3	10.0	27	90.0
Akineton	3	10.0	27	90.0
Cogentol	3	10.0	27	90.0

(Table2)- Distribution of the studied sample according to the most common substances abused between them (N=30).

Table (3) This table clarifies that, there was highly statistically significant improvement post-program compared to pre-program according to their total level of substance abuse self-stigma , with p-value <0.001 HS.

Level of Substance Abuse Self Stigma	Pre program		Post program		Chi-square test	
	No.	%	No.	%	x2	p-value
Low	2	6.7	22	73.3	29.187	**<0.001** (*HS*)**
Average	13	43.3	6	20.0		
High	15	50.0	2	6.7		
Total	30	100.0	30	100.0		

Table (3): Comparison between pre and post-program total level of the studied sample according to their total level of substance abuse self stigma (N=30).

Table (4): This table represents that, there was highly statistically significant improvement post-program compared to pre-program of substance abuser women according to their total level of internalized shame, with p-value <0.001H S.

Total level of Internalized Shame	Pre program		Post program		Chi-square test	
	No.	%	No.	%	x2	p-value
Low	2	6.7	21	70.0	26.671	**<0.001** (*HS*)**
Average	15	50.0	7	23.3		

High	13	43.3	2	6.7		
Total	30	100.0	30	100.0		

***p-value <0.001 HS* *r-Pearson Correlation Coefficient*

Table (4): Comparison between pre-and post-program of the studied sampled according to their total level of internalized shame (N=30)

Table (5): This table shows that, there was highly statistically significant correlation between substance abuser women regarding their Pre-post program of total level of Substance Abuse Self Stigma and their total level of Internalized Shame, with **p-value <0.001**.

Items		***Total score of Internalized Shame***	
		Pre- program	***Post program***
Total score of Substance Abuse Self Stigma	***R***	**0.734**	**0.825**
	p-value	**<0.001** *HS***	**<0.001**** *HS*
	N	**30**	**30**

***p-value <0.001 HS* *r-Pearson Correlation Coefficient*

Table (5): Correlation between substance abuser women regarding Pre-post program total level of Substance Abuse Self Stigma and their total level of Internalized Shame (N=30).

IV. DISCUSSION

This study involves 30 substance abuser women. As regards socio-demographic data of the substance abuser women, The findings of the current study revealed that, the mean age studied sample with self stigma and shame were **(29.97±5.69)** and more than thirds of them were **divorced.** These results can attribute to young adults are particularly likely to be active substance abusers and to be affected by substance use problems ***M. Abdel Moneim, et al (2020).*** Older people are typically not exposed as much as young people to new drugs ***UNODC, (2018).*** From the researcher point of view, this may be due to the excessive drug abuse within a marriage may lead to maladaptive and hurtful behaviors, potentially creating a dysfunctional marriage and unstable home environment.

Regarding to **level of education and occupation** it was found that, more than half of the studied patients had low educational level and slightly less than half of them were not working less than third of them working full time and less than third working part time. These results matched with ***Abdul Subor M. and Hendrée E. J. (2020)*** who reported that women who are users of substances are more likely to be have had little formal education, and are more than twice as likely to be unemployed compared to women who do not use substances. More than half of women report that almost half of women who report using substances are unemployed.

Regarding to the current study represented that, half of the studied sample were admitted to the hospital under drug effect, and the majority of them were had previous attempts treatment, the majority of the studied sample was in rehabilitation stage and the majority of the studied sample had taken narcotic drugs more than a year, similar observations have also been reported by **Ibrahim (2018*)*** in study entitled Reasons of dropout from residential substance abuse treatment which reported that less than half of the studied samples were under drugs effect, three quarters of them were had previous attempts treatment.

The current study clarified that, there was statistically significant improvement post-program compared to pre-program according to their total score of substance abuse self stigma. These results may be due to

awareness of the sample which had been created through the program for reducing self stigma and shame, Also may be due to, the program sessions provides the women with special information about substance abuse, self stigma and shame related to substance such as the causes of substance abuse, types of stigma, strategy to reduce self stigma and therefore their information increases after undergoing the program this mean that awareness of the women had been increased through program for reducing self stigma and shame.

This result came in harmony with ***Alicia Lucksted, et al (2017)***: who conducted study entitled "Outcomes of a Psycho-educational Intervention to Reduce Internalized Stigma among Psychosocial Rehabilitation Clients" reported that there is a significant improvement in self stigma, from baseline to post-intervention compared with the control group.

The current study clarified that, there was statistically significant improvement post-program compared to pre-program according to their total score of internalized shame scale directions. These results could have been due to; contribution of the program sessions to improve the shame related to substance abuse by working on learn how to stop negative thoughts, promoting positive feelings, and replacing negative thoughts and feelings with positive ones.

This result matched with the result of study conducted by ***Kirsten R. Robertson (2019)*** which entitled "Introducing Shame Resilience to Women Who Struggle with Complex Trauma and Substance Abuse" that found that there was there was a significant reduction in participants' reported level of internalized shame after completing the group sessions. This indicated that the protocol may have been an effective intervention for reducing internalized shame and helping individuals decipher the difference between "I am feeling shame now" versus "I am bad."

The present study represented that there was **highly statistically significant correlation between** substance abuser women total score of Substance Abuse **Self Stigma** score and their total score of **Internalized Shame** during pre- post of program implementation (P≤ 0.001)..

The result of the current study congruent with a study was done by ***M. da Luz Vale-Dias, et al (2018)*** "Mental Health Literacy, Stigma, Shame an SELF Criticism: A Study among Young Adults" the results showed that There were statistically significant associations of self stigma with internalized shame (r=.46, p=.001).

V. CONCLUSION:

The current study conducted on 30 substance abuser women, to evaluate the effect of an educational program for reducing self-stigma and shame among substance abuser women. It concluded that, the substance abuser women under the study had high levels of self-stigma which decreased after implementation of the educational program with a highly statistical significant difference (P≤ 0.001). There was high statistically significant improvement post-program compared to pre-program of substance abuser women according to their total level of internalized shame with a highly statistical significant difference (P≤ 0.001). Also, there were highly statistically significant positive correlations between total level of self-stigma and internalized shame of studied women regarding educational program.

VI. RECOMMENDATIONS:

Clinically:

The developed program should be implemented on a wider scale in the study settings and in similar ones to confirm its positive effects and improvement.

A hotline must be available to solve immediate problems of substance abuser women with self stigma and shame.

Continuous training of psychiatric nurse's team to knows how to assist the clients and teaching new skills to cope with their negative thoughts and emotions in positive and productive manner.

In the community:

Expand primary health care services in community services frequently used by substance abuser women.

Limitation of the study:

Difficulties faced in gathering groups of women to attend the program and the necessary preparation regarding to the time. In addition some women dropped out from the hospital before program implementation completely (2 women) and they were replaced by other women.

Financial support
No funding was received.

Conflict of interest
No

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