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STIGMA AND MEDICATION ATTITUDES AMONG WOMEN RECEIVING PSYCHOTROPIC TREATMENT: A PROSPECTIVE STUDY

Arunima Shaibu[1], Jasna A.[1], Jia Elizabeth John[1], Joel Joseph Dileep[1], Naveen Kumar Panicker[2*], Ringhoo Teresa Jose[3]

[1]Department of Pharmacy Practice, St. Joseph's College of Pharmacy, Cherthala, Kerala, India.
[2]Associate Professor, Department of Pharmacy Practice, St. Joseph's College of Pharmacy, Cherthala, Kerala, India.
[3]Consultant, Department of Behaviour Science, Lourdes Hospital, Ernakulam, Kerala, India.

***Corresponding Author: Naveen Kumar Panicker**

Associate Professor, Department of Pharmacy Practice, St. Joseph's College of Pharmacy, Cherthala, Kerala, India. **DOI:** https://doi.org/10.5281/zenodo.24127427

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ABSTRACT

Background: Mental and behavioural disorders have continued to be one of the most important public health problems entering the 21st century and have been found to account for a substantial amount of global disability, premature mortality, and long-term psychosocial burden. In a time of increasing pressure, digital saturation, financial instability (due to rising prices), and social transition, the number of people with psychiatric diseases has risen sharply. Overwhelming evidence describes that women face higher admission rates to psychiatric departments. Similarly, gender differences in mental health are compounded by the effects of biology—hormonal fluctuations during different stages of the menstrual cycle, pregnancy, postpartum period and menopause—as well as sociocultural challenges including discrimination, domestic violence and social stigma and disproportionate caregiving responsibilities. These factors shape how mental illness is experienced, understood, and accepted. **Materials and Methods:** A prospective study was carried out among psychiatric patients at the Department of Psychiatry in Lourdes Hospital, Ernakulam, over six months, from June to November 2025. Patient data were collected from medical records and the Lourdes Medicare System based on predetermined inclusion and exclusion criteria. Information on demographics, comorbidities, and prescribed medications was recorded. To understand each patient's personal experience, attitudes toward medication were determined through direct conversations using the Drug Attitude Inventory-10, while perceived stigma related to mental illness was assessed using the Stigma Scale during one on one interviews. Data were scored according to standardized guidelines, entered into Microsoft Excel, and analysed descriptively to understand medication attitudes and perceived stigma among the participants. **Results:** Among the 81 participants, most patients had a positive attitude toward psychotropic medications, with 62 patients (76.54%) showing acceptance of their treatment. However, 16 patients (19.75%) expressed a negative attitude, while 3 patients (3.7%) remained neutral. In terms of stigma, the majority of patients (78 patients, 96.3%) experienced moderate stigma, whereas 3 patients (3.7%) reported low levels of stigma, and none of the participants reported high stigma. These findings suggest that although most patients accept their medications, experiences of stigma are still common among them. **Discussion:** The findings of this study show that most female psychiatric patients had a positive attitude toward psychotropic medications, indicating good acceptance of pharmacological treatment. However, a small proportion of patients expressed negative attitudes, mainly due to concerns about side effects, dependency, and misconceptions regarding long-term medication use. Despite the positive attitude toward treatment, most participants experienced moderate levels of stigma, reflecting the continued impact of societal perceptions and internalized beliefs about mental illness. These results highlight that stigma remains a significant psychosocial challenge among psychiatric patients. Strengthening patient education, counselling, and clinician–patient communication may help reduce stigma and improve medication adherence. **Conclusion:** This prospective study highlights the influence of stigma and medication attitudes among women attending the psychiatry department. Despite appropriate pharmacological management, the presence of treatment related stigma, fear of side effects, and concerns about dependence were found to negatively influence attitudes toward medication use and adherence.

These findings highlights the need for a patient centered, gender sensitive approach that combines rational prescribing with patient education, counselling, and stigma-reduction strategies. Addressing both clinical and psychosocial factors is essential to improve treatment adherence, therapeutic outcomes, and overall quality of life in women with psychiatric disorders.

KEYWORDS: Psychotropic medications, Prescription pattern, Women's mental health, Benzodiazepines, Stigma, Drug Attitude Inventory, Medication adherence.

INTRODUCTION

Mental and behavioural disorders remain among the most critical public health challenges of the 21st century, contributing extensively to global disability, early mortality, and long-term psychosocial burden. As modern society continues to evolve with surge in stress, digital overload, economic ambiguity and shifting social structures, the prevalence and visibility of psychiatric conditions have increased significantly.[1,7] Multiple research studies in psychiatric literature have documented that women are frequently admitted to psychiatric departments with various mental health conditions, thus making this study important to understand the stigma and attitudes related to the use of such drugs in clinical practices. The insights gained from studying these aspects will contribute in enhancing compliance to medication among the patients, and improve mental health services for women.

A prospective investigation that brings together the analysis of stigma and patient attitudes toward psychiatric medications provides a unique opportunity to understand how these dimensions interact in everyday psychiatric practice. By examining these interconnected factors simultaneously, such an approach highlights how clinical decisions are shaped not only by diagnostic criteria and pharmacological evidence, but also by social perceptions, personal beliefs, and the quality of clinician patient relationships.

Stigma remains a pervasive barrier within mental healthcare. Public stigma, internalised stigma, and structural stigma collectively shape an individual 's willingness to seek help, stay engaged in treatment, and adhere to prescribed medication.[8,9] Furthermore, exploring how stigma operates at individual, familial, and societal levels can reveal why some patients may delay seeking care, discontinue treatment or feel ambivalent about long-term medication use. Attitudes toward psychotropic drugs are often influenced by past experiences, media portrayals, and community narratives, all of which can significantly affect adherence and therapeutic outcomes. Understanding these influences allows clinicians to tailor communication strategies, address misconceptions, and foster shared decision-making. This broader lens challenges a narrowly biomedical model and emphasizes that successful treatment depends on trust, open discussion, and sensitivity to cultural and social norms.

Stigma influences interpersonal relationships, healthcare access, and adherence to treatment, highlighting the need for interventions that address both societal perceptions and the individual 's lived experience. Consequences of Stigma can have far-reaching effects on both the individual and their broader social environment. At the personal level, it often delays help-seeking, as individuals may feel ashamed or fear judgment for acknowledging a mental health problem. Stigma can also encourage denial of symptoms, weakening insight into the illness and reducing engagement with treatment. This, in turn, can compromise the therapeutic alliance between patient and clinician, discourage consistent medication adherence, and increase the risk of relapse. Beyond clinical outcomes, stigma affects social and family dynamics. Individuals may experience strained relationships, face challenges in marriage or intimate partnerships, or hesitate to disclose symptoms to family, friends, or employers due to fear of discrimination or social rejection. The cumulative effect is a cycle in which stigma not only undermines mental health recovery but also limits social participation, opportunities, and overall quality of life. Addressing these consequences requires interventions that target both societal attitudes and the individual's perceptions, empowering patients while fostering a more supportive environment for mental health care. Women frequently encounter a dual burden in relation to mental health stigma, shaped by the intersection of gender-based social expectations and the stigma attached to psychiatric conditions.

A patient's attitude toward medication is a key determinant of whether they choose to start or continue treatment. It reflects more than a simple agreement or refusal to take prescribed drugs; it encompasses a range of beliefs, emotions, and perceptions that influence behaviour. To systematically determine these complex cognitive and emotional dimensions, researchers and clinicians often use tools such as the Drug Attitude Inventory (DAI). By understanding how patients perceive and feel about their medications, such instruments help recognize barriers to adherence, guide psychoeducation, and support strategies that promote consistent, effective treatment.

MATERIALS AND METHODS

It is a prospective study conducted among psychiatric patients in the Department of Psychiatry at Lourdes Hospital, Ernakulam, over a six-month period from June to November 2025. Patient data were collected from medical records and the Lourdes Medicare System based on predefined inclusion and exclusion criteria. Information on demographics, comorbidities, and prescribed medications was recorded. Attitudes toward medication were assessed using the Drug Attitude Inventory-10 (DAI-10), while perceived stigma related to

mental illness was evaluated using the Stigma Scale through direct patient interviews. Data were scored according to standardized guidelines, entered into Microsoft Excel, and analyzed descriptively to assess medication attitudes and perceived stigma.

SAMPLE SIZE

•SAMPLE SIZE as suggested by the Statistician
•Minimum sample size required =78
•The sample size was calculated using the formula, n= Z^2pq/m^2
Where,
'n' is the sample size
'Z' is the statistics corresponding to the level of confidence=1.96
'P' is the prevalence =5.83%
'q' =100-p
'm' is the allowable error = 5%

INCLUSION CRITERIA

Female patients aged above 18 and receiving treatment in psychiatric department.

EXCLUSION CRITERIA

Patients suffering from malignancies, terminally ill patients and mentally challenged.

DATA COLLECTION METHOD

DRUG ATTITUDE INVENTORY (DAI-10)

Patients' attitudes toward antipsychotic medication were evaluated using the validated 10-item Drug Attitude Inventory (DAI-10). This instrument consists of statements that assess patients' personal beliefs and experiences related to their prescribed medications. Each item is scored as either +1 or −1, with positive scores reflecting a favorable attitude and negative scores indicating an unfavorable attitude toward treatment. Based on the total score obtained, participants were categorized as having either a positive or negative attitude toward antipsychotic therapy. Higher overall scores were interpreted as indicating better acceptance of medication and a greater likelihood of adherence to pharmacotherapy.

THE STIGMA SCALE

Perceived stigma related to mental illness was assessed using a standardized stigma assessment scale. This tool measures individual's perceptions of stigma and discrimination associated with mental health conditions across multiple domains, including personal experiences, social interactions, and public attitudes. The scale consists of several statements to which participants responded based on their level of agreement. Scores were calculated according to the prescribed scoring guidelines, with higher scores indicating greater perceived stigma. This assessment helped evaluate the extent to which stigma influenced patients' perceptions and experiences related to their mental illness.

RESULTS

A. DRUG ATTITUDE INVENTORY (DAI-10) RESULTS

POSITIVE ATTITUDE (SCORE > 0)	62 Patients	76.54%
NEUTRAL ATTITUDE (SCORE = 0)	3 Patients	3.7%
NEGATIVE ATTITUDE (SCORE < 0)	16 Patients	19.75%

Most patients 76.54% showed a positive attitude toward medication, while 19.75% had a negative attitude and only 3.7% were neutral, indicating overall favorable medication acceptance.

B. THE STIGMA SCALE RESULTS

LOW STIGMA	3 patients (0-37)	3.7%
MODERATE STIGMA	78 patients (38-74)	96.3%
HIGH STIGMA	0 patients (75-112)	0%

Most patients (96.3%) experienced moderate stigma. While only (3.7%) had low stigma and none had high stigma, indicating that stigma is common but not severe in this population.

DISCUSSION

The present study, estimation using the DAI-10 scale showed that most women had a positive attitude toward psychotropic medications (76.54%), while a smaller proportion reveal negative attitude (19.75%), and very few remained neutral (3.7%). This indicates that the majority of patients acknowledge the benefits of treatment and were willing to accept psychotropic medications, although a smaller proportion of people had concerns over the long term use or adverse effects. Similarly, the South Indian study by Ganesan et al. reported a predominance of pharmacophilic patients, highlighting a generally favourable perception toward psychiatric medications. The presence of negative attitudes in both studies suggested that, despite overall acceptance, persistant stereotypes and fears remain, indicating the importance of constant counselling and patient education to improve treatment acceptance and therapeutic outcomes.

According to Davis et al.'s study, stigma is a significant obstacle to care for psychiatric patients, with the majority reporting discrimination, unwillingness to disclose their illness, and enhanced internalized stigma. This is especially true for patients with severe disorders. The current study, however, revealed a distinct pattern: none of the women displayed high stigma, the majority (96.3%) reported moderate stigma, and very few (3.7%) indicated low stigma. This difference implies that although stigma is still there, it is much less severe in this group. Increased knowledge, frequent psychiatric follow-up, better access to services, and the progressive normalization of psychotropic medication use among women receiving ongoing care could all be contributing factors to the difference.

According to Sawma et al., among people with mental health problems, higher levels of stigma were strongly associated with an increase in psychological distress, a decline in self-esteem, and poor help-seeking behaviour. Their results highlight the pervasiveness of stigma, which has a detrimental effect on patients' willingness to seek and adhere to psychiatric care. The current study, on the other hand, presents a somewhat more encouraging scenario because most participants fell into the moderate category and none of them reported higher stigma. This implies that although stigma has not entirely disappeared, it might not be strong enough to entirely discourage women from receiving therapy.

CONCLUSION

This study examined attitudes toward psychotropic medications and perceived stigma among women with psychiatric disorders. Most participants 76.54% held positive attitudes toward their medication, while 19.75% expressed negative attitudes, mainly due to concerns about side effects and dependence. Nearly all women (96.3%) experienced moderate levels of stigma, showing that stigma remains a persistent challenge even among those who accept treatment. The absence of high stigma scores may reflect gradual normalization of mental healthcare in this population. These findings point to the need for stigma-reduction strategies and patient-centred counselling in routine psychiatric care to support treatment adherence and improve outcomes for women.

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ETHICAL APPROVAL

The study was approved by the Institutional Ethics Committee of Lourdes Hospital, Post Graduate Institute of Medical Science and Research, Kochi, Kerala, India. All participants provided written informed consent prior to enrollment.

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