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Burden of Stigma in Asthma: A Barrier to Psychological Well-being and Effective Treatment

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ABSTRACT**Background:** Asthma is a chronic respiratory condition that affect patients' physical, psychological, and social conditions. But the worst symptom of asthma is the stigma attached to it, which adds emotional suffering, socialization outcomes, and treatment-uncompliant lifestyles, leading to poor disease management and quality of life.**Objective:** To investigate the impact of stigma on asthma patients; especially social discrimination, self-esteem, and nonadherence to medication.**Methodology:** The current study was carried out in District Headquarter Hospital (DHQ), Turbat with collaboration of DHQ Hospital, Khuzdar, during the period of January 2022 to December 2023. A total of 280 patients suffering from asthma, both male and female participated in this study. Data were obtained from structured questionnaires, validated assessment tools, and semi-structured interviews, and statistical analysis was conducted using SPSS version 25.**Results:** The study demonstrates that 64.2% of participants experienced social stigma, 57.1% felt embarrassed because of their symptoms, and 51.8% avoided taking inhalers in public. Besides, 60.7% had faced discrimination in the workplace or educational institutions. The psychological effects were also striking, with 53.6% reporting emotional distress and 46.4% social isolation.**Conclusion:** For asthma patients, stigma grossly affects their psychological health, self-esteem, and treatment compliance. Thus, awareness campaigns, psychosocial support, and inclusive approaches to healthcare are needed to address these issues.**Keywords:** Asthma; Stigma; Medication Adherence; Public Awareness

Introduction

Asthma affects millions of people in the world. Beyond the physical restrictions, patients with asthma are seriously concerned with psychological and social well-being.¹ Asthma is managed symptomatically; however, the medical profession has ignored the emotional side of asthma. One of the emotional challenges is stigma, which is both external and internal, and it has a significant effect on self-esteem, social interaction, and treatment adherence.²

Stigma involves having negative impressions, stereotypes, and discrimination directed towards an individual based on their health condition; asthma-related stigma from family and peers, colleagues, and healthcare providers often urges the patient to feel judged, misunderstood, and restricted.³ In many societies, it is still trivialized as an inconvenience, not even a chronic illness; therefore, it minimizes the lived experience of patients. People who too often take their inhalers or have recurrent symptoms can feel seriously embarrassed or even ashamed to have this condition, making them withdraw from society and suffer emotional stress.^{4,5} Over time, external stigma can turn into internal stigma, where individuals soak the societal bias into themselves to perceive their status as a weakness or failure.

An individual's self-esteem is one of the most critical factors for people living with asthma.⁶ Limitations introduced by asthma, such as decreased participation in physical or social activities, dependence on medication, and fears of being judged in public, can erode self-esteem. Children and adolescents may feel excluded from sports or school events, while adults may face barriers in professional or social settings, reinforcing feelings of self-doubt and difference. These psychosocial burdens diminish the quality of life and affect how people manage their diseases.

The negative impact of the stigma among asthma patients causes delays in diagnoses and treatment.⁷ Many patients hesitate to declare symptoms or use inhalers in public because of the fear of criticism, resulting in poor disease control. Stigma is particularly acute in different backward regions where the children are socially excluded, while young women suffer reduced marriage chances because of the condition.^{8,9} In Western countries, asthma is often treated as a minor inconvenience, leading frequent inhaler users or those with persistent symptoms to feel embarrassed or ashamed.¹⁰ Stigma, in most societies, ends up being translated into psychological discomfort, social isolation, non-adherence to medication, and restrictions in daily activities.

Stigma is a complex issue that needs addressing from different angles. Public awareness campaigns designed to correct bad assumptions about asthma are primarily necessary for obtaining acceptance and support for the patients. Psychosocial interventions, such as counseling,

peer support groups, and cognitive behavioral therapy, help patients deal with emotional hurdles, reframe negativity, and develop coping skills. A shift towards participation in selected social and physical activities can boost self-esteem and reduce feelings of isolation. The healthcare provider's role in all this is very crucial. Through the provision of sensitive and non-judgmental care, the identification of a patient's psychosocial needs, and empowerment in self-care through proven-effective strategies, a provider shows affirmation and empathy that is immeasurable to a patient. Educating patients about recognizing triggers, using inhalers appropriately, and controlling symptoms can foster a sense of autonomy, hence uplift confidence in selected decisions, and eventually adhere to the treatment.

Stigma becomes very serious but often overlooks barriers to efficient asthma management. Health systems can help to improve the quality of life and clinical outcomes of asthmatic individuals by considering the impact of stigma on their psychological well-being and treatment adherence.

Objective

To investigate how social discrimination, self-esteem, and adherence rates affect asthma patients, with particular focus on the influence of stigma.

Methodology

The Burden of Stigma in patients with asthma was studied through a retrospective cohort study at District Headquarter Hospital (DHQ), Turbat with collaboration of DHQ Hospital, Khuzdar, January 2022 to December 2023. This study was conducted using a stratified random sampling technique to ensure representation among different age groups, socioeconomic backgrounds, and different levels of severity of asthma. Only adult asthmatic patients of 18 years and older were included in this study. Exclusion criteria were Persons under 18 years old, those who have been diagnosed previously with a psychiatric illness and were found on related medication.

The software for data analysis was SPSS version 25, which classified the findings according to demographic characteristics, experiences of stigma, levels of self-esteem, and medication adherence, among other things, and the overall quality of life. It was a structured questionnaire developed to gather data on demographic characteristics, stigma experiences, self-esteem levels, medication adherence, and quality of life of the 280 asthmatic patients. Validated tools, such as the Stigma Scale for Chronic Illnesses, the Asthma Control Test (ACT), and the Asthma Quality of Life Questionnaire (AQLQ), were incorporated into the study to enhance the reliability.

Selected individuals were interviewed in semi-structured

Table 1. Demographic Characteristics of Participants

Characteristic	Frequency (n)	Percentage (%)
Gender		
Male	150	53.6
Female	130	46.4
Age Group (years)		
18 – 30	90	32.1
31 – 45	110	39.3
46 – 60	50	17.9
>60	30	10.7
Socioeconomic Status		
Low	85	30.4
Middle	120	42.9
High	75	26.7

interviews to gather elaborate narratives about people's lived experiences of asthma-related stigma. Focus group discussions were organized to foster dialogue on societal perceptions, challenges, and coping mechanisms. All interviews and discussions were recorded, transcribed, and analyzed thematically.

Before starting the study, we got ethical approval from an ethics board. Everyone who took part consented after learning about the research and their right to leave anytime. We kept all data private and removed personal details. Participants also received helpful resources for asthma care and emotional support if needed.

Results

A total of 280 patients were included in this study. The study included 150 males (53.6%) and 130 females (46.4%). Most participants were between 31-45 years old (39.3%), followed by 18-30 years (32.1%). In terms of

socioeconomic status, the majority (42.9%) were from the middle class, while 30.4% were from a low-income background, and 26.7% were from a high-income group (Table 1).

A significant number (64.2%) of study cases reported social stigma, while 51.8% avoided using their inhaler in public. More than half (57.1%) felt embarrassed by their asthma symptoms, and 60.7% experienced discrimination at work or school (Table 2).

Among the study cases, 32.1% felt highly confident in managing their asthma, while 42.9% had moderate confidence and 25.0% had low confidence. Regarding daily life impact, 35.7% reported a high ability to cope, 39.3% had moderate coping levels, and 25.0% struggled. Additionally, 46.4% actively avoided physical activities, highlighting the condition's effect on lifestyle and self-esteem (Table 3).

This study also points out the psychological and social impact of asthma on patients and results showed that

Table 2. Stigma Experiences among Asthma Patients

Stigma Experience	Yes (%)	No (%)
Experienced social stigma	180 (64.2)	100 (35.7)
Avoided using inhaler in public	145 (51.8)	135 (48.2)
Felt embarrassed due to asthma symptoms	160 (57.1)	120 (42.9)
Faced discrimination in workplace/school	170 (60.7)	110 (39.3)

Table 3. Self-Esteem Levels and Asthma Impact on study participants

Self-Esteem Indicator	High (%)	Moderate (%)	Low (%)
Confidence in managing asthma	90 (32.1)	120 (42.9)	70 (25.0)
Perceived impact on daily life	100 (35.7)	110 (39.3)	70 (25.0)
Avoidance of physical activities	130 (46.4)	100 (35.7)	50 (17.9)

more than half (53.6%) experienced high emotional distress due to stigma, while 32.1% reported moderate distress. Social isolation was a major concern, with 46.4% feeling highly isolated. Asthma also affected professional life, as 42.9% experienced significant challenges at work or school (Table 4).

Discussion

Stigma plays a crucial role in shaping the experiences of asthma patients, impacting their psychological well-being, self-esteem, and overall disease management. Many individuals with asthma face social discrimination, embarrassment, and hesitation in using inhalers publicly, which can lead to poor symptom control and decreased treatment adherence. The fear of being judged or perceived as weak often results in emotional distress and social isolation, further affecting their quality of life. Research highlights that stigma-related challenges contribute to increased anxiety, reduced confidence in managing asthma, and reluctance to seek medical help. Raising awareness, providing psychosocial support, and promoting a more inclusive perspective on chronic conditions can help mitigate these adverse effects.

This study was also conducted with the same aim to know the impact of stigma on asthma patients, particularly focusing on social discrimination, self-esteem, and medication adherence. In this study, gender was almost evenly divided into 53.6% male and 46.4% female input to give a clear comparative understanding of stigma experienced among genders, as it affects men and women equally. However, the social and psychological responses to asthma may differ since this affects self-esteem, coping measures, and treatment adherence.

Participants aged 31 to 45 comprised the majority (39.3%), followed by participants aged 18 to 30 (32.1%). This distribution of ages indicates that per age group, stigma due to asthma and its effects are often reported within working-age years and, as such, have the potential to interfere with career progression, social interactions, performances, and overall quality of life. Fewer participants were older- > than 60 years (10.7%), implying that concerns regarding stigma may lessen with age or they have developed much better coping techniques over time.

The findings of this study reveal significant stigma-related challenges faced by asthma patients, aligning with previous research on the psychological and social impact of chronic illnesses. The study found that 64.2% of participants experienced social stigma, leading to feelings of embarrassment (57.1%) and avoidance of inhaler use in public (51.8%). These experiences resonate with prior studies indicating that stigma can significantly influence asthma management and adherence to treatment.³ Furthermore, 60.7% of participants reported facing discrimination in workplaces or schools, which has been highlighted in a study as a key barrier to professional and academic success for individuals with chronic respiratory diseases.¹¹ Asthma stigmas can be derived from a lack of knowledge or ignorance, misconceptions about the condition, and bad attitudes. The prevailing social norms that consider health conditions as weaknesses only worsen the problem of discrimination and denial of opportunities to persons in getting their asthma out in the open, socially and professionally.

The psychological and social effects of stigma related to asthma have been observed; it shows that 53.6% of the participants showed emotional distress, while 46.4%

Table 4. Psychological and Social Impact of Asthma on Study participants

Factor	High (%)	Moderate (%)	Minimal (%)
Emotional distress due to stigma	150 (53.6)	90 (32.1)	40 (14.3)
Social isolation	130 (46.4)	100 (35.7)	50 (17.9)
Impact on professional life	120 (42.9)	110 (39.3)	50 (17.9)

experienced it by being socially isolated. The findings also align with Robinson et al. (2021), who claim that individuals who have asthma constantly undergo anxiety and depression as a result of society's misinterpretations and absence of socialization. Also, the effect extended mainly to one's professional life as 42.9% of the respondents felt to be affected in their careers; other studies have also shown in different settings how workplace discrimination and lack of accommodations for asthma patients affect low job satisfaction and thus less productivity.^{3,11,13}

According to research conducted in different regions, the stigma attached to being an asthma patient is a universal problem, only the intensity differs based on cultural perceptions and accessibility to healthcare facilities. Studies done in higher-income countries reveal that although public awareness campaigns and strong support for healthcare services are factors, they mitigate stigma.¹⁴ In low-income regions with a lot of misconceptions about asthma, stigma still exists as a significant burden and has resulted in later diagnosis and poor treatment of the disease.¹⁵ Results from the current study indicate that intervention through public education or psychosocial support programs may reduce stigma and improve self-esteem among asthma patients.

Thus, the significance of blending psychology and social understanding, namely promoting personal feelings, was apparent in this study. Providing counseling services and peer support groups could help patients navigate stigma-related challenges and improve their overall quality of life. Healthcare providers must also proactively address misconceptions and promote a compassionate approach to asthma care. Evidence from similar studies suggests that when patients feel understood and supported, their treatment adherence improves, ultimately leading to better disease outcomes.^{16,17}

As revealed by the current study, the outcomes of asthma patients' stigmatization are the psychological, social, and emotional burdens they endure. Most participants experienced social stigma that led to embarrassment and reluctance to use inhalers in public places. Discrimination in work and schools became a major problem that seriously affected the availability of employment and education opportunities. Such experience corresponds with the previous findings that negative perceptions and misconceptions regarding asthma lead to social exclusion and poor treatment adherence.

Asthma has also powerfully manifested in self-esteem, morale, and daily life. While some patients feel confident handling their conditions, many patients in moderation or low confidence hinder effective asthma control. Most participants avoided physical activity at all costs, which was linked to concerns about asthma, affecting overall well-being. Significant emotional distress is another worrying concern from stigma, as many participants report extreme emotional distress and, thus, high levels of

social isolation. The findings reflect the need for more awareness, support systems, and policy orientation towards less stigma and improved quality of life for asthma patients.

Conclusion

This study concluded that it is essential to control asthmatic stigma on time as stigma negatively affects asthmatic patients, with highly significant associations to emotional distress, social isolation, loss of self-esteem, and poor medicine adherence. This study also highlighted that stigma requires attention through broader public education programs, supportive counseling, and patient-centered health care if asthma patients truly benefit from improved quality of life and treatment outcomes. Awareness campaigns and inclusive policies in workplaces, schools, and healthcare environments could be important in reducing discrimination and increasing the environment's sympathy toward persons with asthma.

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