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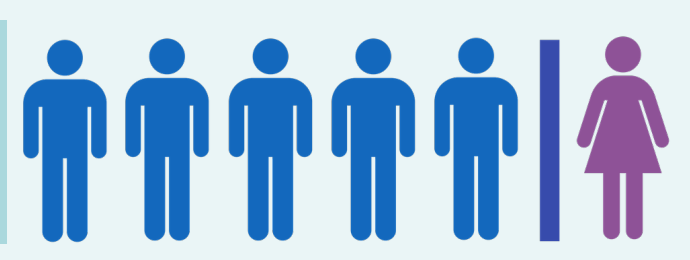
Potential Case Detection Barriers for Women with Schizophrenia in Rural Ethiopia

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Background



Schizophrenia is a severe mental disorder characterized by psychotic experiences and profound disruptions in thinking that affect language, perception and the sense of self.

Globally, schizophrenia affects **1% of the world’s population**. In low and middle income countries it is so severe that it contributes **15.2 million Disability Adjusted Life Years (DALYs)** to the burden of disease.

There are no noted gender differences in the lifetime risk of developing schizophrenia, however researchers in **Butajira, Ethiopia** found the prevalence of schizophrenia to be **5:1, where males have a higher prevalence compared to women**.

Schizophrenia can lead to **significant impairment of psychosocial functioning**, including poor social interaction, particularly difficulty maintaining relationships, engaging in recreation, or functioning in roles of work or household responsibilities. Norms of expected social functioning are dependent on culture.

Ethiopian culture plays an important role in how mental illness, psychosocial functioning, and gender norms are discussed and understood in this context.

The hypothesis behind this difference in gender prevalence is that socio-cultural and gender specific factors are relevant to the case detection of schizophrenia. The possibility that there is a **lack of case detection and treatment of schizophrenia in women** in this population has major clinical and public health implications.

Objective

The primary aim of this analysis is to gain an understanding from local community members of how functioning in people with serious mental illness in rural Ethiopia differs by gender which could impact case detection among this patient population.

Methods

39 in-depth qualitative interviews were conducted with community members in Butajira

- The sample consisted of patients with schizophrenia, caregivers, teachers, police officers, religious leaders, and health extension workers.

Grounded theory analysis and Kleinman’s Explanatory Model of illness framework was used for the qualitative data analysis

QSR NVivo was used for data management.

Results (continued)

Concepts identified in our analysis particular to gender specific social functioning are organized into three levels based on the social-ecological framework (SEM) in **Figure 1**. Participant descriptions from each of the interacting levels of the SEM model are:

Individual: “And they will not maintain their personal hygiene. Women’s hair will be unkempt. They will stop caring for their hair... They will wear tattered clothes and will rip their clothes off themselves when the illness gets worse.” (Interview 20, Teacher)

Interpersonal: “Men are quick to divorce ill women... But women will usually wait if it is the husband [who is mentally ill]. I think it is because women care for their family...” (Interview 17, Police officer)

Community: “It is what happens to mentally ill women that bothers me the most. Being raped. It is especially painful when you know that normal men are raping mentally ill women. The woman goes out into the street because of her mental illness. Then (rape) could add childbirth and even HIV to her problem.” (Interview 11, Health Extension Worker”



Conclusions

Participants identified differences in how women experience schizophrenia compared to men. These differences ranged from community attitudes toward the women, to the way the women’s symptoms manifest, to the repercussions they experience due to the illness.

As these cultural psychosocial functioning impairments increase from the individual level through to the community level, the women’s quality of life and place in society decreases. The specific factors identified need to be taken into consideration for case detection.

Results

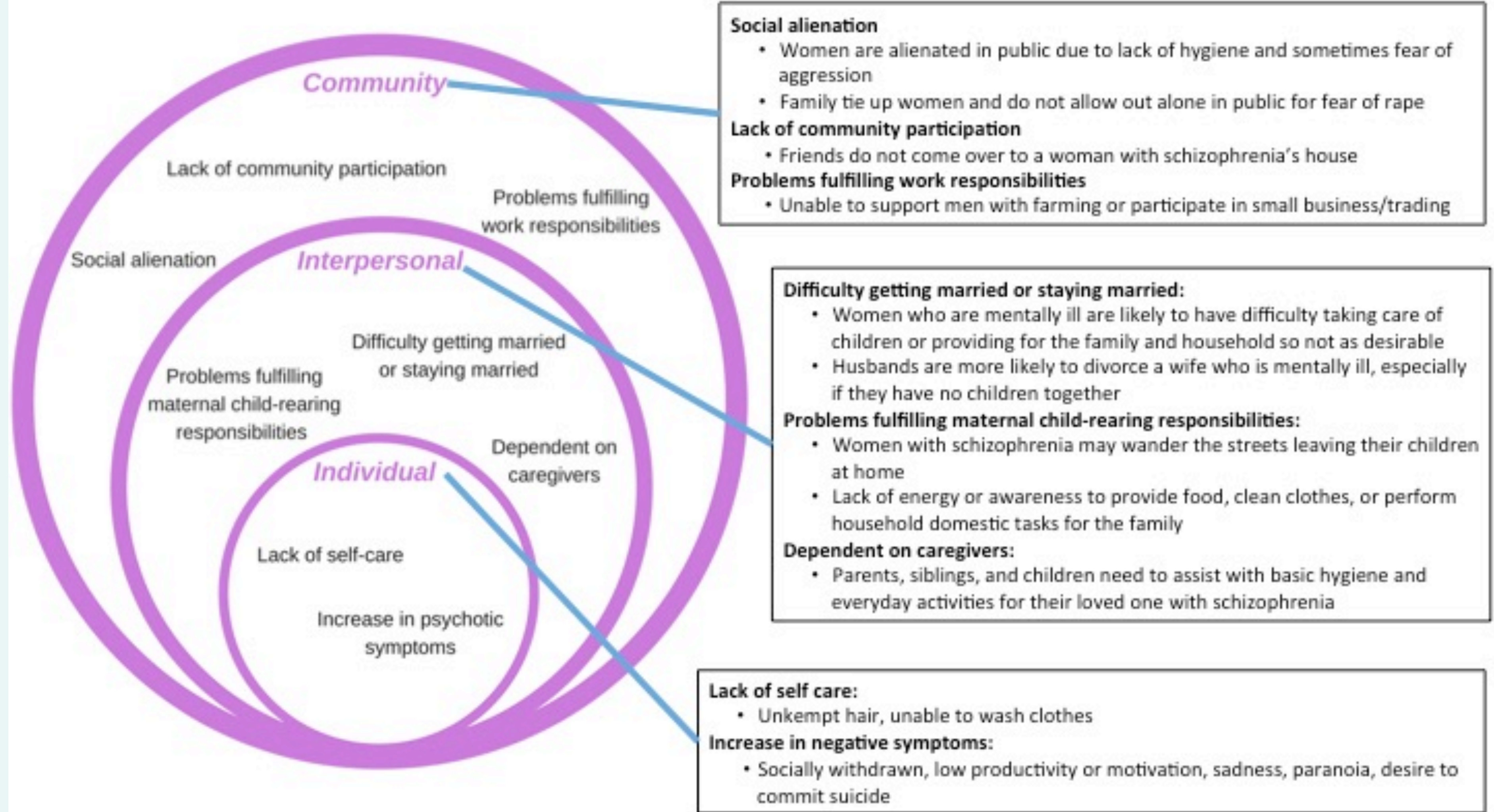


Figure 1: Themes of social functioning impairments in women with schizophrenia as described by participants organized into three levels based on the socio-ecological model framework

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