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Social Stigma, Social Support and Care-Giving Attitudes towards Incarcerated Persons by Members of their Families

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Abstract. The study examined the influence of social stigma and social support on care-giving attitudes towards incarcerated persons by members of their families. It was carried out in a correctional facility in Ibadan, using a cross-sectional design. Data was collected from 294 participants using standardized instruments. Results showed that social support had a significant positive relationship with care-giving attitudes at (r=.890; p<.05), while social stigma had a significant negative relationship with care-giving attitude at (r=-.798; p<05). Age, educational status, social stigma and social support had a significant joint influence on care-giving attitudes at F (4, 289)^=360.96; p<.05. However, only social stigma and social support had significant independent influence on the attitudes at (6= 302, t—8.341, p<.05) and (J5-.665, t=18 284, p<.05) respectively. These results suggest that for a caregiver of incarcerated persons, the stress of care giving is coupled with the constant threat of being stigmatized and discriminated against.

Keywords: Social Stigma; Social Support; Incarceration; Care giving

Introduction

Like every other incapacitated group of individuals, prisoners also need care-giving during their stay in detention. The act of care-giving towards incarcerated person by members of their families involves paying regular visits to the prisoners with food items, medical supplies and keeping them company. It has been recognized that care giving to an incarcerated family member is *typically an* expression of love and dedication, but it can also be extremely challenging with some adverse effects,

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such as a sense of burden and feelings of depression, anxiety and insomnia (Schulz, 2000).

Caring for a convicted relative and coping with the loss of intimate exchanges in their relationship require many changes in a family's life. Many researchers and clinicians associate the caring experience with long-term exposure to numerous stressful events (Connell, Janevic, & Gallant, 2001; Nolan, Grant, & Keady, 1996). Despite negative outcomes that may accompany providing care giving to prisoners, the caregivers also may experience reward throughout the long journey.

Research findings show that caregivers gain a sense of self-worth and mastery, qualities associated with greater family cohesion and marital satisfaction (Martire, Stephens, & Atienza, 2007). Caregivers value positive aspects of relationships with their incarcerated family member, in addition, they appreciate their own feeling of confidence that giving care provides them (Farren, Miller, Kaufman, Dormer, & Fogg, 2009), Despite the growing evidence concerning the positive side of care giving, much care giving research still focuses on its pathologic aspects. This study focuses on the stigmatization and lack of support that the relatives of incarcerated persons experience, and how these affect their care giving attitude.

Social stigma has been defined as a mark or flaw resulting from a personal or physical characteristic that is viewed as socially unacceptable (Bfaine, 2010). The "stigma associated with being a relative to prisoners, therefore, is the perception that a person who has family ties with a prisoner is undesirable or socially unacceptable" (Vogel, Wade, & Haake, 2006). Past research has found that the public often describes relatives of prisoners in negative terms (Angermeyer & Dietrich, 2006). Whereas the stigma attached to being prisoner may not be the same as the stigma associated with being the relative of a prisoner, researchers have found that people tend to report more stigma surrounding relatives of prisoners than prisoners themselves. Given the negative perceptions attributed to relatives of prisoners, it is not surprising that individuals hide their family ties with convicted felons so as to avoid the consequences associated with being labelled and stigmatized (Chadda, Singh & Ganguly, 2007).

Social support has been defined as that form of assistance rendered by a network of friends, family or significant others (Murray, 2009). Research on social support has identified that the social support of family and friends has varying impacts on attitudes towards care-giving. In addition, the variable of social support has also been identified in the literature to be a coping mechanism utilized by individuals who are going though stressful events related to care-giving. The concept of social support has been considered for many years as a positive variable in moderating the effects of stress on an individual's mental health. Longitudinal .Studies (Oestman & Kjellin, 2002) found that social support moderated the effects of stress on mental health. This came to be known as the buffering hypothesis, meaning that social support can buffer or protect one from the negative effects of stress related activities. Therefore, it seems logical to investigate how social support may affect components of the care giving relationship between family members and their incarcerated relatives.

Literature, as well as practical incidences, has indicated that friends and family members of incarcerated persons are often victims of stigmatisation by members of the public (Adegoke, 2011). There is a general frown at families who have relatives in incarceration. There is a general consensus that there is a lack of home training and moral upbringing among members of such families. As such, individuals who have relatives in the custody of correctional facilities do not want to be identified publicly due to the associated stigmatization and labelling. This therefore puts a strain on the efforts in encouraging relatives of prisoners to render care-giving services to the prisoners and also has negative impacts on the attitude towards care-giving of these incarcerated persons by their family members.

There is also a significant dearth in the literature on care-giving towards incarcerated persons from a local perspective. Most care-giving studies in the literature focus on patients with ailments, disability or life threatening conditions. This study therefore aims at bridging this gap in literature with the hope that it would inspire more replications in this direction. The study undertook to verify the hypotheses that:

1. There will be a significant relationship between social stigma, social support and care-giving attitude of family members towards their incarcerated relatives.
2. There will be a significant joint and independent influence of social stigma, social support, age and level of education on care-giving attitudes towards prisoners.
3. Female caregivers will exhibit more positive attitude towards care-giving of incarcerated relations than male family members

Methodology

This study adopted a cross-sectional survey research design using ex post-facto technique. The focus was to empirically investigate the influence of social stigma and social support on care-givers' attitudes towards prisoners.

Research Setting

The research was conducted within a correctional facility (Agodi prisons) in Ibadan metropolis, Nigeria. The preference was based on the accessibility to the research participants (i.e. relations who come to visit and provide care prisoners)

Population of the Study

The population of this study comprised of relatives and friends of incarcerated individuals within the selected correctional facility- The participants consisted of both male and female caregivers.

Sample Size and Sampling Technique

A total number of 300 participants were randomly selected from the correctional facility in this study. Accidental sampling was employed in the selection of the participants of the study from the facility. This is because potential participants were relatives and friends of prisoners who were approached in no particular order when they came to the selected correctional facility for visit and care-giving of their incarcerated relations.

Research Instruments

Three standardized instruments were utilized in eliciting relevant information relating to the participants of the study. The questionnaire consisted of 4 sections. The instruments, authors and psychometric properties are described below.

Social Stigma

Social stigma was measured using a scale developed by King, Dinos, Shaw, Watson, Stevens, Passetti, Weich & Serfaty (2007). It is a 28-item scale that measures social stigma. It has three subscales; discrimination, disclosure and positive aspects. It is rated on a five point scale from 0 (not at all) to 4 (Always). Cronbach's alpha for responses to the 28 items of the final version was 0.87. Cronbach's alpha for the first sub-scale (discrimination) was 0.87; for the second (disclosure) 0.85 and for the third (positive aspects) 0.64. In this study, the Cronbach alpha for the scale was established as 0.68.

Social Support

Social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dalilem, Zimet & Farley, 1988). It was developed to assess perceived social support. It consists of 12 items that measure factor groups relating to the source of the social support, such as family, friends or significant other. It is rated on a 5-point scale ranging from * I = Strongly Disagree' to '5 = Strongly Agree'. Previous studies (Adejuwon, 2010), on a sample of the middle-aged working class adult Nigerian population, have established the internal consistency {Cronbach's alpha) of MSPSS at 0.92. In this study, the Cronbach alpha for the scale was established as 0,52.

Care-givers' Attitude

Caregivers* attitude was measured using the Caregiver burden inventory by Novak & Guest (1989). It is a 24-item multi-dimensional questionnaire measuring caregiver burden with 6 subscales: (a) Time Dependence; (b) Developmental; (c)

Behaviour; (d) Physical Burden; (e) Social Burden; (f) Emotional Burden. Scores for each item are evaluated using a 5-point Likert scale ranging from 0 (not at all disruptive) to 4 (very disruptive). The internal consistency of each subscale was 0.85, 0.85, 0.86, 0.73, 0.76 and 0.77, respectively. In this study, the Cronbach alpha for the overall scale was as 0.51

Procedure

The researcher made pre-arranged visits to the selected correctional facility within the study area. Upon completion of the administrative protocol, the purpose of the study was explained to the management of the facility. Two hundred and ninety-four (294) copies of questionnaire were distributed to consenting/participants as they came to visit their wards and relations who are in custody. During this session an introduction to the study was made to the participants and verbal instructions for completing the questionnaire are highlighted. They were assured of the confidentiality of their responses for being used for academic and research purposes. A period of one week was dedicated to the facility for the completion of the questionnaires. Two hundred and ninety-four (294) copies of questionnaire were successfully completed and retrieved for analysis.

Analysis

Data was analyzed using SPSS version 17. Descriptive statistics & inferential statistic was applied on the data collected. Pearson's Correlation matrix was carried out to test hypothesis 1. Multiple regression was carried out to test hypotheses 2 and t-test was used to test hypothesis 3. The reliability analysis of the study instrument was cross-examined and reported as the local reliability in this study.

Results

Hypothesis One

There will be a significant relationship between social stigma, social support and care-giving attitude towards incarcerated persons by members of their family. This hypothesis was tested using correlation matrix. Results are presented in Table 1.

Table 1. Correlation matrix showing the relationships between social stigma, social support and care-giving attitude

Variables	1	2	3
1.Social Stigma	1		
2.Social Support	0.746**	1	
3.Care-giving Attitude	-0.798**	0.890**	1

** Correlation is significant at 0.01 level (1-tailed)

Results from table 1 shows that social stigma and social support were significantly correlated with family members' attitude towards care-giving of incarcerated relations. While social support showed a significant positive relationship with care-giving attitude at ($r=.890$; $p<.01$), social stigma had a significant negative relationship with care-giving attitude at ($r=-.798$; $p<.01$). The hypothesis was therefore accepted.

Hypothesis Two

There will be a significant joint and independent influence of age, educational status, social stigma and social support on care-giving attitudes towards incarcerated persons by members of their family. This hypothesis was tested using multiple regression analysis supper imposition standardized regression coefficient. Results are presented in Table 2

Table 2. Influence of Psycho-social Factors on Care-giving Attitude

Predictor	Beta (β)	t-value	Sig	R	R^2	Adjusted R^2	F	P
Age	0.029	1.185	>.05					
Educational status	-0.011	-0.440	>.05					
Social stigma	0.302	8.341	<.05	0.913	0.833	0.781	360.96	<0.05
Social support	0.665	18.284	<.05					

DV: Care giving Attitude

Results from Table 2 show that age, educational status, social stigma and social support had a significant joint influence on care-giving attitude towards incarcerated relations at $F(4, 289)=360.96$; $p<.05$ with all variables accounting for about 83.3% of the variance in care-giving attitude towards incarcerated relations. However, only social stigma and social support had contributed to the variance on care-giving attitude towards incarcerated relations at ($\beta=0.302$, $t=-8341$, $p<05$) and ($\beta=0.665$, $t=18.284$, $p<05$) respectively. The hypothesis was partially accepted.

Hypothesis Three

Female caregivers will exhibit more positive attitude towards care-giving of incarcerated relations than male caregivers- This hypothesis was tested using t-test of independent measures. Results are presented in Table 3.

Table 3. Influence of Gender on Care-giving Attitude

DV	Gender	N	Mean	SD	df	T	P
Care-giving Attitude	Male	179	57.78	9.40	292	0.058	>0.05
	Female	115	57.84	7.94			

Results from table 3 shows that gender did not have any significant influence on care-giving attitude towards incarcerated relations at $t(292)=.058$, $p>.05$. This implies that being a male or female family member did not have any influence in the attitude exhibited towards taking care of incarcerated relations. The hypothesis was therefore rejected.

Discussion

Hypothesis one stated that there will be a significant relationship between social stigma, social support and care-giving attitude towards incarcerated persons by members of their family. Results showed that that social stigma and social support were significantly correlated with family members' attitude towards care-giving of incarcerated relations. While social support showed a significant positive relationship with care-giving attitude, social stigma had a significant negative relationship with care-giving attitude. This implies that increased levels of social support are associated with a more positive care-giving attitude towards incarcerated relations while increased levels of social stigma are associated with a negative care-giving attitude towards incarcerated relations.

This result is expected due to the fact that in literature, social stigma is considered to be a negative construct while social support is considered to be a positive construct. It is thus expected that persons with greater levels of social support would be reinforced towards positive care-giving attitudes while persons experiencing greater levels of social stigma would be reinforced towards negative care-giving attitudes. Outcomes of similar studies in the literature also portray this relationship. For instance, Sharp, Marcus-Mendoza, Bentley, Simpson, and Love (2008) indicated that incarceration had a negative impact on family attitude towards caring for their loved ones in detention due to associated factors of stigmatization and financial strain. Also, Lee &, Choi (2012) investigated the roles of social networks and satisfaction with social support on attitudes toward care giving. Higher levels of satisfaction with social support were associated with greater positive attitudes toward care giving among Korean American caregivers.

Hypothesis two stated that there will be a significant joint and independent influence of age, educational status, social stigma and social support on care-giving attitudes towards incarcerated persons by members of their family. From the results, the psychosocial variables jointly influenced care-giving attitude towards incarcerated relations. However, social stigma and social support were independent predictors of care-giving attitude towards incarcerated relations. Studies in the literature conform to these outcomes of the predictive roles of social stigma and social support on care-giving attitude. Rosenfarb, Bellack & Aziz (2006) identified social networks as predictors of care-givers' attitudes towards patients with stress. Care-givers' attitude towards patients with moderate and low social networks was tending towards negative affects in comparison to those with high social networks. Social support was also linked to the treatment

outcomes of patients with stress. Conversely, Murray and Farrington (2008) compared effects of public stigmatization on children's attitude to care-giving of imprisoned parents in Sweden and England. Children of imprisoned parents in England experienced stigmatization from peers, displayed more depressive syndromes and negative attitudes towards visiting their parents in prison than children whose parents were not imprisoned.

Hypothesis three stated, that female family members will exhibit more positive attitude towards care-giving of incarcerated relations than male family members. Results from the analysis negated this assertion by indicating no significant influence of gender on care-giving attitude. However, in contrast to the results of this study, it is generally assumed that females are more sympathetic and empathetic than males. This has also been shown in some other related studies in the literature. For instance Suitor &; Pillemer (2006) found that care giving activities were initiated and carried out mostly by female members of the family.

Conclusions

For a caregiver of incarcerated persons, the chronic stress of care giving is coupled with the constant threat of being stigmatized and discriminated against. Studies have shown that individuals who report having faced discrimination are more likely to experience poor physical health. The literature on caregivers clearly indicates that the intensity of chronic care giving is associated with a multitude of health issues. The build up of stress caused by perceived stigma can cause a chronic stress response in spouses and children of incarcerated persons, and lead to cognitive and mental health problems in these populations.

Despite the challenges involved, caregivers could be empowered by seeking helpful coping strategies. The importance of being informed and learning about available resources seems to be of paramount importance, as these offer an increased sense of control. "The more knowledgeable we are, the better we are at care giving", says Odette (2010). As a caregiver it is also essential to take care of oneself by getting good sleep, eating well, and maintaining relationships with family members and friends. Another important factor is regular attendance of support groups and sharing one's experiences with a social network- "Listening to stories told by others reminds us that we're not alone, and sometimes shows us that others are worse off.

Social support from friends, family and significant others has also been established as an effective buffering factor against stress, social stigma and negative attitudes towards care-giving of incarcerated or ill relations. Social support helps to ease the demands persons engaged in family care-giving. It is the most common type of intervention for care-givers in which friends and family provide emotional support and encouragement, as well as an insight into successful strategies for dealing with various aspects of the care giving role. Support from friends and family members also provides a combination of

empathy and insight into mutual problems, an encourages exchange of effective strategies for coping with stresses entailed in the role transition to caregiver.

Recommendations

Based on these outcomes, greater emphasis should be placed on psycho-educational interventions for caregivers of incarcerated persons or relation, since they not only provide training, emotional reinforcement, information and social support, but also improve relatives' attitudes towards incarcerated persons, which in turn impacts on the caregiver's quality of life. Family intervention programmes would lead to significantly greater family, community and health service empowerment, and also reduced displeasure and concern about the incarcerated family member. Group-based interventions enable families to share experiences with others in similar situations, which can provide comfort and facilitate the expression of feelings about the disorder, thereby improving coping skills. It has been suggested that such intervention groups also increase the motivation of family members involved. Finally, it should be noted that psycho-educational programmes do not only provide information, but also reinforce the idea of respect for families and encourage them to consider themselves as co-therapists in the process. In this way, the therapeutic team and the family can develop a less polarized and less stressful relationship, and even more reluctant family members become more willing to cooperate, thereby reducing the burden on both parties. This finding can also help non-governmental and government in implementing policies against negative attitude toward incarcerated persons in the society.

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