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Stigma and Daily lives among Patients with Major Depressive Disorder in Gaza Governorates

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Abstract:

Background: The most common cause of diseases and dysfunction worldwide is depression. The issue of stigma is common and frequently arises from misunderstandings and a lack of awareness regarding mental illness.

Objective: to determine the level of stigma and its effect on depressed patients' daily lives in the Gaza Governorates.

Methods: 180 patients with major depressive disorder (MDD) were chosen, and a stigma scale was used in the descriptive design. In addition to the data on demographic variables, SPSS 25 was employed for statistical analysis in this study.

Results: The study found no variations at a significant level (0.05) in the development of stigma related to age, and the prevalence rate of perceived stigma is 64.5%. While there were significant differences at a significant level (0.05) in the development of stigma based on gender and differences in favor of women, on the other hand, 78.5% of the participants reported that there is a negative effect of stigma on their daily lives. This means that there was a significant relationship between stigma and the daily lives of depressed patients at a significant level (0.05).

Conclusion: Stigma negatively affects the daily lives of people with depression. Understanding the stigma's roots, sociodemographic characteristics, and complications is essential to creating successful anti-stigma campaigns.

Keywords:

Stigma, Depression,
Daily lives

1. Introduction:

An estimated 300 million people worldwide suffer from depression; between 2005 and 2015, this number grew by more than 18%. Many of them are unable to seek proper mental health services due to a lack of support, fear, and stigma [1]. Based on the classification of the global burden of disease, depression is currently the second most significant source of disease burden and the fourth greatest cause of disease burden overall in the world as of the year 2020 [2]. The authors believe that this classification gives us a warning about the risk of depression and the need for appropriate treatment at an early stage.

Stigma plays a role in depression for medical and other mental conditions [3]. Stigma is linked to depression and fosters social exclusion and discrimination, which impairs mental health and decreases recovery possibilities [4]. In Gaza, According to the Palestinian Ministry of Health (MOH), there were 920 new cases in community mental health centers in 2021, with 20% of those cases being depression [5]. A depressed mood or loss of interest, along with other symptoms, must last for at least two weeks to be considered MDD [6].

The literature revealed that the systems, rules, and procedures followed by some institutions that restrict the access of persons with disabilities and others to services are called the "macro stigma." Public stigma is described as group behaviors against mentally ill people, such as bullying, discrimination, and avoidance, which occur at the group level (Meso level). A significant barrier to receiving help and therapy is a high level of stigma, which further increases poverty and family and societal problems [7]. The consequences of stigma are serious, including lack of self-confidence, self-blame, suicide, substance abuse, isolation, and neglect. Despite the psychosocial programs for developing mental health services, providing effective mental health care for the mentally ill in the Gaza Strip is still restricted by stigma [8]. In this study, we aim to determine the level of stigma and its effect on depressed patients' daily lives in the Gaza Governorates.

2. Materials and Methods:

The study population is 383 depressed patients receiving treatment at government community mental health centers (245 men and 138 women). Every participant was given complete details regarding the study's objectives, and they were all urged to participate. The following were the inclusion criteria: Males and females between the ages of 18 and 40 who fulfill the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria for MDD. On the other hand, the following was listed among the exclusion criteria: A medical condition that is unstable, a history of substance use disorders, and bipolar or psychotic disorders. 195 individuals were chosen to participate in the study; however, 15 of them declined, so the actual sample only consisted of 180 depressed patients. The stigma scale created by Emad [8]. was filled out using a face-to-face interview. The scale consists of two parts, the first measures the perceived stigma (10) items, and the second (15) item assesses how stigma affects people's daily lives. Each question was answered on a Likert scale by participants. The tool's reliability and validity were confirmed. For statistical analysis, SPSS 25 was utilized.

3. Results:

The average mean for all items is 3.23, the weight means are 64.5%, which is greater than "60%," the value of the one-sample t-test is 7.300, which is greater than the critical value of 1.97, and the p-value

is 0.000, which is less than 0.05, indicating that the sample's participants have a high perceived stigma. The results are shown in table No. .1.

Table (1)
Perceived stigma

No.	statement	Mean	standard deviation	Weight mean	t-value	P-value
1	I feel shy about telling people that I am a psychiatric patient.	3.99	1.153	79.78	11.506	0.000
2	Increasing illness years, increase my shyness from psychiatric illness.	3.80	1.165	76.00	9.216	0.000
3	I feel that I am less than people because of my psychiatric illness.	3.98	0.974	79.56	13.465	0.000
4	I believe that the fear of psychiatric illness deprives me of appropriate treatment at the appropriate time.	3.73	0.996	74.56	9.801	0.000
5	Social and family support decreases shyness from psychiatric illness.	3.84	0.968	76.89	11.707	0.000
6	Denial of psychiatric illness opens the door to witches and sorcerers.	3.93	0.894	78.67	14.000	0.000
7	I think that admission to a psychiatric hospital is a weak point for the person.	3.99	1.129	79.78	11.756	0.000
8	When you meet a person for the first time, you make effort to hide the fact that you are a psychiatric patient.	3.81	1.232	76.22	8.835	0.000
9	I think that people don't know that psychiatric illness is an organic illness and can be cured..	3.74	1.058	74.89	9.443	0.000
10	I prefer going secretly to the mental health clinic to avoid any embarrassment.	3.96	1.204	79.11	10.645	0.000
	All statement	3.23	0.418	64.54	7.300	0.000

The Critical value of **t** at df "179" and significance level 0.05 equal 1.97

The participants' opinions regarding the effect of stigma on their daily lives were tested using a one-sample t-test, and the results are shown in Table 2. The average mean for all items was 3.93, and the weight means were 78.67%, which was higher than "60%." The value of the t-test was 23.335, which was higher than the critical value of 1.97, and the p-value was 0.000, which is less than 0.05, indicating that stigma harmed the daily lives of depressed patients.

Table (2)
Effect of stigma on daily lives

No.	statement	Mean	standard deviation	Weight mean	t-value	P-value
1	My request was rejected for several jobs because of my psychiatric illness.	3.69	1.064	73.78	8.688	0.000
2	I prefer staying at home alone and not mixing with others because of my psychiatric illness.	4.25	0.890	85.00	18.846	0.000
3	People avoid me because of my psychiatric illness.	3.96	0.948	79.22	13.608	0.000
4	People accuse me of insanity due to my psychiatric illness.	3.62	1.053	72.44	7.931	0.000
5	People look at me with sadness and pity, because I am a psychiatric patient.	3.91	0.882	78.11	13.768	0.000
6	People don't invite me to share their occasions..	3.92	1.013	78.33	12.138	0.000
7	People humiliate me, because of my psychiatric illness..	3.97	0.936	79.44	13.934	0.000
8	People do not accept the psychiatric patient as a close friend.	4.36	0.837	87.22	21.807	0.000
9	I blame myself because I am responsible for my psychiatric illness.	3.61	1.318	72.11	6.164	0.000
10	I feel ashy because of my psychiatric illness, and this prevents me from expressing my point of view easily.	3.80	1.160	76.00	9.254	0.000
11	People drive me to feel shy about my psychiatric illness.	3.76	1.198	75.22	8.527	0.000
12	I avoid the establishment of social relationships with people so I do not feel discrimination between them.	4.24	0.727	84.78	22.848	0.000
13	I prefer giving a pen name and changing my look and clothes when I go to the psychiatrist to avoid embarrassment.	3.72	1.188	74.33	8.095	0.000
14	I resorted to practicing some popular rituals People (witches, charlatans etc.) due to my shyness from psychiatric illness.	3.86	1.112	77.22	10.385	0.000
15	Mental illness affects marital life and prevents its continuation.	4.34	0.861	86.89	20.954	0.000
	All statement	3.93	0.537	78.67	23.335	0.000

The Critical value of **t** at df "179" and significance level 0.05 equal 1.97

To determine how stigma affects depressed patients' daily lives, the Pearson correlation was used, and the results are presented in Table 3. The table shows that the p-value is 0.000, which is less than 0.05, and the Pearson correlation value is 0.371, which is higher than the critical value, which is 0.141. This indicates that there is a negative effect of stigma on depressed patients' daily lives and that there is a significant relationship between stigma and depressed patients' daily lives at a significant level of 0.05.

Table No. (3)
Correlation between Stigma scale and the daily lives of depressed patients in Gaza Governorates.

section	statistic	the daily life of depressed patients in Gaza Strip
Effect of Stigma	Pearson coloration	0.371
	p-value	0.000
	N	180

The Critical value of r at significance level 0.05 and df equal 179 equal 0.141.

Additionally, the study found that there were no significant differences at 0.05 in the development of stigma among the study participants based on age, with a p-value of 0.120 being greater than 0.05 and an F-test value of 1.973 being less than the critical value of 2.66. The results are shown in table No. .4.

Table No. (4)
One-way ANOVA test for differences in the development of stigma among depressed patients in Gaza Governorates due to age

Field	Source	Sum of Squares	df	Mean Square	F value	Sig.(P-Value)
Stigma and Age	Between Groups	0.988	3	0.329	1.973	0.120
	Within Groups	29.383	176	0.167		
	Total	30.371	179			

The Critical value of F at df "3,176" and significance level 0.05 equal 2.66.

The study demonstrated that the absolute value of the T-test is 3.629, which is more than the value of the critical value, which is 1.97, and the p-value is 0.000, which is less than 0.05. It indicates that there were gender-based variations that were statistically significant at the level of 0.05 in the development of stigma among the study's participants. and differences favoring women. The results are shown in table No. .5.

Table No.(5)
Independent samples test for differences in the development of stigma among depressed patients in the Gaza Governorates due to gender.

Field	Gender	N	Mean	Std. Deviation	T	P-value
Stigma and Gender	male	101	3.601	0.406	-3.629	0.000
	female	79	3.819	0.389		

The Critical value of t at df "178" and significance level 0.05 equal 1.97.

4. Discussion:

To the best of the authors' knowledge, this is the first study to examine the stigma associated with depression in Palestine. The study revealed a perceived stigma level of 64.5%. This means that nearly two-thirds of participants have a high stigma associated with depression. These results are supported by Ciobanu et al [9] found that Management of health conditions in people with mental disorders continues to face significant stigma, which supports our study results. Another study by Vrbova et al [10] indicated that the stigma associated with a significant deterioration in the quality of life. The findings of the current study agreed with those of a study by Drenkard et al [11] which found a significant relationship between depression and stigma.

According to our study, 78.5% of the participants, stigma had a negative impact on their daily lives. We believe that those who suffer from depression cannot find work, marry, educate, rent, own a home, travel, or receive treatment because of discrimination against them from others and their feelings of inferiority and shame about their mental illness. This finding is consistent with a 2016 study by Holubova et al [12] which showed that self-stigma levels are connected with depression and negatively affect the quality of life.

Age does not play a role in the development of stigma, as the study demonstrates that there is no significant difference at the 0.05 level in the development of stigma among depressed patients in the Gaza Strip. According to the current study, the stigma of depression is pervasive among the majority of participants across all age groups. Here lies the danger of stigma in reaching all age groups and not excluding any age group. According to findings from another study, stigma against mental illness is more prevalent among those who are older [13]. The study found that there is a significant difference at 0.05 in the development of stigma and gender, with differences in favor of females, meaning that females have a higher stigma than males. This finding is in line with the study by Suen et al [14] which suggested a connection between the female gender and higher levels of stigma.

No correlation between age and stigma level was found in most of the previous studies in Europe and Africa [15]. In contrast, a recent study by Lo et al [13] showed that sociodemographic factors including female gender and older age were linked to a higher level of social stigma.

5. Conclusion:

Stigma is a major reason for depriving depressed patients of daily activities and their rights to a decent life. A barrier to providing good mental health care in Gaza is the stigma attached to depression. Reduction of stigma through antistigma campaigns is essential; understanding the stigma causes, sociodemographic factors, and complications is necessary to develop effective antistigma campaigns.

6. Ethics Statement:

The independent ethics committees of MOH reviewed the study proposal and granted its approval. Before beginning the study, each patient provided written informed consent.

7. Acknowledgement:

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References:

- [1] World Health Organization. Depression let's talk. March 2017. Available at <https://www.who.int/news/item/>. [Last accessed on 2022 October 22].
- [2] Newell R, and Gournay K. (2009) mood disorders: mental health nursing. second edition, Elsevier health science right department: London New York oxford Philadelphia. Etiologic Factors Related to mood disorders. 1-419.
- [3] Tombini M, Assenza G, Quintiliani L, et al . Epilepsy-associated stigma from the perspective of people with epilepsy and the community in Italy. *Epilepsy Behav* 2019; 98:66–72.
- [4] Łakuta P, Marcinkiewicz K, Bergler-Czop B, et al . How does stigma affect people with psoriasis?. 2017;34:36-41.
- [5] Ministry of Health (2021) annual report of mental health, General Mental Health Directorate. Gaza, Palestine.10.
- [6] World Health Organization (2016) mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: mental health Gap Action Programme .20.
- [7] Lasalvia A, Zoppi S, Van Bortel T, Bonetto C, Cristofalo D, Wahlbeck K, et al. Global pattern of experienced and anticipated discrimination reported by people with major depressive disorder: a cross-sectional survey. *Lancet* 2013; 381:55–62.
- [8] Emad, O. (2019) the relationship between stigma and depression in Gaza Shtip: Noor publishing, ISBN10:6202352450.
- [9] Ciobanu A.M., Catrinescu L.M., Ivaşcu D.M., et al. Stigma and Quality of Life among People Diagnosed with Mental Disorders: a Narrative Review // Consortium Psychiatricum. - 2021. - Vol. 2. - N. 4. - P. 23-29. doi: 10.17816/CP83
- [10] Vrbova K, Prasko J, Ociskova M, et al. Suicidality, self-stigma, social anxiety and personality traits in stabilized schizophrenia patients — a cross-sectional study. *Neuropsychiatr Dis Treat*. 2018;14:1415–1424. doi: 10.2147/NDT.S162070.
- [11] Drenkard C, Theis KA, Daugherty TT, et al Depression, stigma and social isolation: the psychosocial trifecta of primary chronic cutaneous lupus erythematosus, a cross-sectional and path analysis *Lupus Science & Medicine* 2022;9:e000697. DOI: 10.1136/lupus-2022-000697.
- [12] Holubova M, Prasko J, Ociskova M, Marackova M, Grambal A, Slepecky M. Self-stigma and quality of life in patients with depressive disorder: a cross-sectional study. *Neuropsychiatr Dis Treat*. 2016 Oct 19;12:2677-2687. DOI: 10.2147/NDT.S118593. PMID: 27799775; PMCID: PMC5077239.
- [13] Lo, L.L.H., Suen, Y.N., Chan, S.K.W., et al. Sociodemographic correlates of public stigma about mental illness: a population study on Hong Kong's Chinese population. *BMC Psychiatry* 21, 274 (2021). <https://doi.org/10.1186/s12888-021-03301-3>.
- [14] Suen YN, KWS C, LTT S, LHL L, Cheung C, LMC H, et al. Relationship between stressful life events, stigma and life satisfaction with the willingness of disclosure of psychotic illness: A community study in Hong Kong. *Early Interv Psychiatry*. 2020;2020:06–24.
- [15] Girma E, Tesfaye M, Froeschl G, Moller-Leimkuhler AM, Muller N, Dehning S. Public Stigma against People with Mental Illness in the Gilgel Gibe Field Research Center (GGFRC) in Southwest Ethiopia. *PLoS One*. 2013;8: 82116. [PMC free article] [PubMed] [Google Scholar].