Perceived Stigma and Associated Factors Among Patients with Major Depressive Disorder in Gaza Strip: A Cross-Sectional Study

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Abstract

Background: Depression is a common illness worldwide, with an estimated 3.8% of the population affected; Perceived stigma affects many domains of the lives of people with depression.

Objective: To assess the prevalence of perceived stigma and associated factors among people with major depressive disorders (MDDs) attending the Community Mental Health Centers in the Gaza Strip.

Methods: The descriptive design was used, 180 patients with MDDs were selected purposively, and perceived stigma scale in addition to information on demographic characteristics was used in this study.

Results: The study shows that the prevalence rate of perceived stigma is 64.5%, also showed there were no significant differences at a significant level ($\alpha \leq 0.05$) in developing of stigma due to age, education, and income level. While there were significant differences at a significant level ($\alpha \leq 0.05$) in developing stigma due to gender and differences in favor of females and marital status in favor of married.

Conclusion: The perceived stigma was high among patients with MDDs. Reduction of stigma through ant stigma campaigns and psychoeducation programs to patients at the earliest possible time is important to improve treatment outcomes in patients with MDDs.

Keywords: Perceived Stigma; Associated Factors; Major Depressive Disorder

Abbreviations: MDDs: Major Depressive Disorders; DSM: Diagnostic and Statistical Manual of Mental Disorders

Introduction

Depression is a common illness worldwide, with an estimated 3.8% of the population affected, including 5.0% among adults and 5.7% among adults older than 60 years Approximately 280 million people in the world have depression [1]. Perceived stigma affects many domains of the lives of people with depression. However, in Palestine, there is a dearth of study on perceived stigma specifically among people with depression.

The mental health problems are so special due to the unusual circumstances that the Palestinian people are living under. There are many forms of suffering that the Palestinian people experience such as unemployment, poverty, security instability, and siege.

All these factors when combined increase the mental health problems, in 2020, 833 new cases were registered in government community mental health centers [2] On the other hand, depression cases recorded 17% of the total number of admissions in the year 2020 at the Psychiatric Hospital in Gaza; Rates of depression are increasing rapidly and particularly in developing countries Depression is highly stigmatized in the Arab world [3].

People with depression experience a range of symptoms including persistent depressed mood or loss of interest and pleasure for at least 2 weeks [4] Stigma is defined as a social-cognitive process that is situational. This process consists of four components: the signal, stereotypes, prejudice, and discrimination [5], Stigma is dangerous because it interferes with understanding, obtaining support from friends and family, and it delays getting help (sometimes for years).

It can lead to denial of signs of mental illness in self, Secrecy, failure to seek help, Self-blame, Substance abuse, or problem gambling to control symptoms and isolation [6]. Literature revealed that, stigma occurs at three different levels namely the macro, meso and micro level. Institutional stigma refers to the stigma that exists at system (macro) level and was defined as the rules, policies, and procedures of private and public entities in positions of power that restrict the rights and opportunities of people with disabling conditions.

Public stigma occurs at the group (meso) level and can be defined as the phenomenon of large social groups endorsing stereotypes about and acting against a stigmatized group, High stigma has been considered as an important cause for the low rates of help seeking, lack of access to care, under treatment, material poverty, and social marginalization [7] this study aimed to assess the prevalence of perceived stigma and associated factors among patients with major depressive disorder (MMD) attending the Community Mental Health Centers in the Gaza Strip.

Methodology

Subjects

The inclusion criteria were as follows: 1) MDD meets the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria; and diagnosed by psychiatrist; 2) males or females aged 18–45 years; and 3) the ability to read and understand the questionnaires and voluntarily sign written informed consent forms. The exclusion criteria included the following: 1) unstable medical condition, 2) a history of psychoactive substance abuse or dependence, 3) psychotic or bipolar disorder.

Population

The study population includes all depressed patients are treated in the governmental community mental health centers in Gaza Strip. The total number is 383. Male (245) female (138).

Sample Size

After verifying the inclusion and exclusion criteria, the sample size was 195 patients, 15 of them refused to participate, and the actual sample size became 180 patients.

Sample and Sampling

The total participants who responded to the study were 180 patients who met the inclusion and exclusion criteria (Purposeful sampling). Everyone was interviewed at a community mental health center personally by the researchers.

Instruments

Perceived stigma scale is developed by Emad (2012), consisted of 10 items, participants were asked to answer each item according to the Likert scale. The validity and reliability of the tool were verified.

Result

Table 1: Perceived stigma. Critical value of **t** at df "179" and significance level 0.05 equal 1.97.

No.	Statement	Mean	Standard Deviation	Weight Mean	T-value	P-value
1	I feel shy about telling people that I am psychiatric patient.	3.99	1.153	79.78	11.506	0
2	Increasing illness years, increase my shyness from psychiatric illness.	3.8	1.165	76	9.216	0
3	I feel that I am less than people because of my psychiatric illness.	3.98	0.974	79.56	13.465	0
4	I believe that the fear from psychiatric illness deprives me from appropriate treatment in the appropriate time.	3.73	0.996	74.56	9.801	0
5	Social and family support decrease the shyness from psychiatric illness.	3.84	0.968	76.89	11.707	0
6	Denial of psychiatric illness opens the door to the witches and sorcerers.	3.93	0.894	78.67	14	0
7	I think that the admission in the psychiatric hospital is a weak point for the person.	3.99	1.129	79.78	11.756	0
8	When you meet a person at 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
9	I think that people don't know that the psychiatric illness is as organic illness and it can be cured.	3.74	1.058	74.89	9.443	0
10	I prefer going secretly to the mental health clinic to avoid any embarrassment.	3.96	1.204	79.11	10.645	0
	All statement	3.23	0.418	64.54	7.3	0

We use a one-sample t test-to-test if the opinion of the respondent about the all Stigma scale and the results shown in (Table 1) which shows that the average mean for all items equal 3.70 and the weight mean equal 73.93% which is greater than " 60%" and the value of t-test equal 22.691 which is greater than the critical value which is equal 1.97 and the p-value equal 0.000 which is less than 0.05, that means the prevalence rate of stigma among the participants in this study is high.

We also found that the p-value equal 0.120 which is greater than 0.05 and the value of F test equal 1.973 which is less than the value of critical value, which is equal 2.66, that's means there were no significant differences at $\alpha \leq 0.05$ in developing of stigma among the participants in this study due to age (Table 2).

Table 2: One way ANOVA test for difference in developing of stigma among depressed patients in Gaza Strip due to age. Critical value of F at df "3,176" and significance level 0.05 equal 2.66.

Field	Source	Sum of Squares	DF	Mean Square	F value	Sig.(P-Value)
stigma developing of mental illness among depressed patients in Gaza Strip due to age	Between Groups	0.988	3	0.329	1.973	0.120
	Within Groups	29.383	176	0.167		
	Total	30.371	179			

The study showed that the p-value equal 0.000 which is less than 0.05 and the absolute value of the T-test equal 3.629 which is greater than the value of critical value, which is equal to 1.97, that means there were significant differences at $\alpha \leq 0.05$ in development of stigma among the participants in this study due to gender. and differences in favor of females (Table 3).

Table 3: Independent Samples Test for difference in developing of stigma among depressed patients in Gaza Strip due to gender. Critical value of **t** at df "178" and significance level 0.05 equal 1.97.

Field	Gender	N	Mean	Std. Deviation	T	P-value
stigma developing of mental illness among depressed patients in Gaza Strip due to gender	male	101	3.601	0.406	-3.629	0
	female	79	3.819	0.389		

We also found that the p-value equals 0.295 which is greater than 0.05 and the value of the F test equals 1.245 which is less than the value of critical value, which is equal to 2.66, that means there were no significant differences at $\alpha \leq 0.05$ in developing of stigma among the participants in this study due to education level (Table 4).

Table 4: One way ANOVA test for difference in developing of stigma mental illness among depressed patients in Gaza Strip due to education level. Critical value of F at df "3,176" and significance level 0.05 equal 2.66.

Field	Source	Sum of Squares	DF	Mean Square	F value	Sig.(P-Value)
stigma developing of mental illness among depressed patients in Gaza Strip due to education level	Between Groups	0.631	3	0.21	1.245	0.295
	Within Groups	29.74	176	0.169		
	Total	30.371	179			

We also found that the p-value equals 0.006 which is less than 0.05 and the value of the F test equals 4.327 which is greater than the value of critical value which is equal to 2.66, that means there were significant differences at $\alpha \leq 0.05$ in the development of stigma among the participants in this study due to marital status and (Table 5) illustrated that the difference between "Married", and "Divorced" and differences in favor of "Married" (Table 6).

Table 5: One way ANOVA test for difference in developing of stigma among depressed patients in Gaza Strip due to marital status. Critical value of F at df "3,176" and significance level 0.05 equal 2.66.

Field	Source	Sum of Squares	DF	Mean Square	F value	Sig.(P-Value)
stigma developing of mental illness among depressed patients in Gaza Strip marital status	Between Groups	2.086	3	0.695	4.327	0.006
	Within Groups	28.285	176	0.161		
	Total	30.371	179			

Table 6: Tukey honestly significant difference (HSD). *The mean difference is significant at the .05 level.

Mean Difference		Married	Single	Divorced	widow
Married			0.2114	0.4063*	0.0492
Single		-0.2114		0.1949	-0.1622
Divorced		-0.4063*	-0.1949		-0.3571
widow		-0.0492	0.1622	0.3571	

Discussion

The study showed that the perceived stigma level is 64.5 %. Most of the participants are likely to have experienced stigma often based on fear and misunderstanding of mental illness. These results are supported by Ansari, et al. [8] They designed a study to identify socio-demographic correlates of stigma attached to psychiatric illnesses have found feelings of stigma were present in (47%) of the studied population. a study by Dinos, et al. [9] found that Stigma was a pervasive concern to almost all participants.

The study shows that there is no significant difference at α ≤ 0.05 in the development of stigma among depressed patients in the Gaza Strip due to age (2), that means that age does not play a role in the development of stigma, according to the current study stigma of depression is pervasive and prevalent in a majority of participants of all ages, we believe that stigma is common and prevalent in individuals of all ages. A different study by Rose, et al. [10] found Children and young people have experienced higher levels of stigma than adults.

The study found that there is a significant difference at α ≤ 0.05 in the development of stigma among depressed patients in the Gaza Strip due to gender and differences in favor of females that means that females have high stigma than males, this result disagree with a study conducted by Cechnicki and Bielanska [11] found that gender proved to be of no significance for the explanation of the indicators of stigma. Another study conducted by Ansari, et al. [8] found Males had slightly more feelings of stigma than females. show that feeling of stigma was more in males than in females as 49% of males as compared to 45.41% of females.

On the other hand, the study found that there is no significant difference at α ≤ 0.05 in stigma development of stigma among depressed patients in the Gaza Strip due to education level. That is means that education level is not play role in stigma development, this result disagrees with a study by Cook and Wang [12] shows that higher educational level was less likely to report stigmatizing attitudes than others.

Our study found that there is a significant difference at α ≤ 0.05 in the development of stigma among depressed patients in the Gaza Strip due to marital status, and the difference between "Married" and "Divorced" and differences in favor of Married. This result disagrees with a study by al-Krenawi [13] found that marital status was found to be significant predictors of a positive attitude towards help-seeking."

Conclusion

The stigma of depression presents a serious barrier not only to diagnosis and treatment but also to acceptance in the community and stigma is still a tangible obstacle to providing proper mental health care for the mentally ill in Gaza Strip. Discovering the associated factors of stigma maybe play an important role in the development of public strategies and interventions to reduce stigma in an MDD population.

Ethics Statement

The study proposal was reviewed and approved by the independent ethics committees of the Ministry of Health. All patients provided written informed consent before participating in the study.

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