



Perceived mental health related stigma, gender, and depressive symptom severity in a psychiatric facility in South India



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ABSTRACT

Background: Few studies exist on the topic of gender associated with depression and mental health-related stigma coming out of non-Western countries such as India. We aimed to add to the literature by assessing these relationships among adults seeking psychiatric services in India.

Methods: Participants were 60 individuals seeking care at a psychiatric clinic in Bangalore, India. The majority of participants were female with a mean age of 36 years ($SD = 9.75$).

Results: Contrary to our prediction, there were no significant differences between men ($M = 28.96$; $SD = 9.85$) and women ($M = 33.03$; $SD = 12.08$) on depression severity, $t(58) = 1.42$, $p = .16$. Yet, women ($M = 10.09$, $SD = 8.23$) reported significantly more perceived stigma than men ($M = 5.79$, $SD = 5.86$), $t(58) = 2.30$, $p = .02$.

Conclusion: While men and women seeking psychiatric services at the psychiatric clinic in India report similar levels of depression severity, women reported more perceived mental illness stigma. Having experienced regular forms of discrimination associated with female status in India, it may be the case that women are more attuned to other forms of stigma, such as mental health stigma investigated in the present study. Given the detrimental impact of stigma on treatment adherence and engagement in care, additional research is needed support this work, including research on interventions to reduce stigma and improve engagement in care.

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1. Introduction

Mental health disorders are reported to be a leading cause of disease-associated disability worldwide. Approximately 13% of global disease burden is due to disorders of the brain such as depression and other common mental disorders, surpassing both cardiovascular disease and cancer (Collins et al., 2011). Among brain disorders, depression was the biggest contributor to burden of disease (Wittchen et al., 2011). In fact, depression is estimated to affect 340 million of people globally (WHO, 2001). Regrettably, most studies on depression are from the Western world, and there are few studies from non-Western countries (Poongothai et al., 2009). Specifically, in the U.S., depression has been identified as one of the most common mental illnesses, affecting more than 12 million women (12%) and more than 6 million men (7%) within

any one year period (Nation Institute of Mental Health; NIMH, 2011).

The literature from developing countries such as India affords more opportunities for further inquiry. Specifically, in India, the prevalence rate of depression has been reported to vary from 21% to 81% in primary care (Amin et al., 1998; Kishore et al., 1996; Nambi et al., 2002; Pothern et al., 2003). This substantial range can be partially explained by the fact that most prevalence studies in India have been done on selected groups rather than population based studies. For instance, Poongothai et al. (2009) reported a 15.1% depression prevalence among adults in the south Indian city of Chennai, while others have reported that depression was the most common mental health diagnosis among primary care patients in another large South Indian city of Vellore with a prevalence rate of 29% (Pothern et al., 2003).

1.1. Prevalence of depression and gender

There is a robust evidence based on U.S. data that women have a higher prevalence of depression compared to men (NIMH, 2011),

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and similar results have been reported in a recent epidemiological study coming out of Europe (Wittchen et al., 2011). Also, a meta-analysis of studies conducted in various countries has shown that women are roughly twice as likely as men to experience or report depression (Nolen-Hoeksema, 1990). Similarly, in an international study conducted in 15 countries, mood disorders, including depression, were higher among women than men (Seedat et al., 2009).

Results in India differ based on how the studies were conducted. In a study documenting the prevalence rate of depression among a general adult population in Chennai, the rate of depression was higher among women than men (Poongothai et al., 2009). However, in a study conducted in Bangalore among college students, researchers reported a higher prevalence of depression among men than women (Parikh et al., 2001). In another study, gender was not significantly related to prevalence of depression among primary care patients in Vellore (Pothern et al., 2003). The inconsistencies among studies in India could be attributed to differing population types, one in the general adult sample, one in a college student sample, and another in primary care patients.

1.2. Depression and stigma

Throughout the world, experiences of depression are often accompanied by perceptions of stigma. One of the most commonly cited definitions of stigma comes from Goffman (1963), who defined stigma as the dehumanization of individuals based on their social identity or participation in a negative or an undesirable social category. In the present study, we will focus on perceived stigma, which refers to the extent to which stigmatized individuals believe that others hold negative stereotypes about individuals belonging to their stigmatized category (Link et al., 1997).

One primary reason for examining depression and stigma is that mental illness-related stigma has been associated with delay in treatment seeking and non-adherence to treatment (Alvarez et al., 2008; Angermeyer, 2003; Benbow, 2007; Rush et al., 2005; Simon et al., 2004; Sirey et al., 2001), poor social functioning (Lasalvia et al., 2012; Lundberg et al., 2007; Vazquez et al., 2011) and difficulty obtaining housing and employment (Corrigan, 2004; Wahl, 1999). Depression related stigma has been associated with greater depression severity (Kanter et al., 2008; Raguram et al., 1996; Ritsher and Phelan, 2004; Rush et al., 2008; Sirey et al., 2001). Furthermore, perceived stigma has been associated with a more somatic than psychological presentation of symptoms (Rao et al., 2007a).

International data suggests that people with depression reported being stigmatized by family members and within places of employment (Lasalvia et al., 2012), and the number of depressive episodes was significantly and positively associated with depression-related stigma (Lasalvia et al., 2012). In other international studies, it was reported that mental illness stigma was significantly associated with worse physical quality of life (Alonso et al., 2009), employment limitations (Alonso et al., 2009; Brohan et al., 2011), and worse social functioning (Alonso et al., 2009; Brohan et al., 2011) among individuals with mental illness.

1.3. Stigma and gender

Some researchers have reported greater mental illness stigma among women than men (Chowdhury et al., 2000; Griffiths et al., 2008; Lauber et al., 2004) while others have reported the reverse (Barry et al., 2000; Crisp et al., 2005) or no difference at all (Chowdhury et al., 2000; Dietrich et al., 2004; Pyne et al., 2004; Ward et al., 2013; Yen et al., 2005). There is some evidence that men and women are concerned about different aspects of mental illness stigma. Specifically, Elkington et al. (2012) reported that

among young adults with mental illness, self-stigma was expressed differently between males and females. While males' self-stigma was related to the fact of having a mental illness diagnosis, females' self-stigma was related to perceptions of being judged by others for having a mental illness diagnosis. In addition, Loganathan and Murthy (2011) reported that men with schizophrenia expressed concerns about mental illness stigma at work. Women, on the other hand, were concerned about mental illness stigma and their relationships with family members.

There is dearth of research assessing the relationship between mental illness stigma and gender among individuals in India. In one study, Thara and Srinivasan (2000) reported that mental illness related stigma was higher among female than male mental health patients in India. This was mostly related to worries about marriage prospects, as these issues are more salient for females than males in India. In a qualitative study by Thara et al. (2003), the investigators reported that among a sample of women in India suffering from schizophrenia who were separated from their husbands, majority of these women were simply abandoned by their husbands. Thara et al. (2003) documented concerns among women about both mental illness stigma and stigma related to being separated from their husbands. Similar findings regarding depression related stigma and marriage concerns for women in India was reported by Weiss et al. (2001). Our previous work has suggested that women experience unique stigmas associated with the low status of women in India, as well as their experiences with domestic and structural violence (Rao et al., 2012).

1.4. Stigma and culture

There is evidence that stigma varies across cultures. Rao et al. (2007b) discussed how given that mental illness is deeply tied to cultural beliefs, mental illness stigma is therefore, dependent on culture as well. In fact, Abdullah and Brown (2011) conducted a literature review of the literature on mental illness stigma and culture. They reviewed research reports documenting that ethnic minorities express more stigmatizing attitudes than European Americans (Anglin et al., 2006; Cooper-Patrick et al., 1997; Rao et al., 2007b; Whaley, 1997). There is only one study we were able to locate which compared stigmatizing attitudes of participants in India to that of participants in a different country. Specifically, Nieuwsma et al. (2011) reported that college students in India, as compared to those in the U.S. were more likely to view depression as a result of personally controllable causes (i.e. failure) and to associate stigma with depression.

1.5. The present study

There is a dearth of research exploring the impact of mental illness and mental illness related stigma in India. In addition, we are aware of only one study conducted in India looking at gender differences in stigma, and it suggested higher mental illness-related stigmas were directed toward women (Thara and Srinivasan, 2000). Given the paucity of data coming out of developing countries such as India, there is a need for more research that fill this gap in order to better address this significant problem and its far reaching impacts. This is especially important given that there is evidence that experiences and perceptions around stigma vary across cultures (Abdullah and Brown, 2011).

The goal of our study was to investigate the relationship between depression severity, stigma, and gender among depressed men and women seeking treatment in India. Our first aim was to investigate the relationship between depression severity and gender among individuals seeking treatment in mental health facility in India. We hypothesized that women will have higher depression severity scores than men. Our second aim was to

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