

# Are depressed patients discriminated against? A look into the challenges depressed patients face in Sudan

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## Abstract

This research covered the implications of the social stigma against those suffering from depression, and its effects on self-evaluation. Here, we interviewed 30 admitted patients in 2 psychiatric facilities in Sudan with the intent of understanding what challenges they face. Our data indicated that they were discriminated against socially (friend groups), but little to no professional (workplace/study) discrimination was noted. We believe that it is of the utmost importance that we conduct more studies of a similar nature as well as intervene on multiple levels of society so as to decrease stigma and discrimination against those suffering from depression.

**Keywords:** MDD; Stigma; Sudan; Depression; Taha Ba'asher; Eltijany Elmahi; Discrimination; Social Sciences; Napata College; Ahfad University for Women;

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## Introduction:

Stigma can be defined as targeted segregation in any way, shape, or form towards a stratum of the population. Name-calling and 'inequitable social partitioning of groups, whether by birth or acquisition, results in social disadvantage and a loss of opportunities throughout life' (1).

Depression is one of the most common diseases with high morbidity (2,3), so it is necessary to identify and treat the causes of social stigma due towards those who suffer. Those suffering from mental illness in general, find themselves seeking isolation from fear of being discriminated against (4).

## Research Methodology:

**Study Design:** This was a cross-sectional study that is based quantitative research design **Population:** The study population included patients diagnosed with depression and admitted at Taha Basher Teaching Hospital, Khartoum North, Sudan and Eltijany Elmahi Teaching Hospital, Omdurman, Khartoum, Sudan **Data**

**Collection:** The data was collected conveniently from the depression patients. The questionnaire included a semi-structured close-ended series of questions that were crafted to the research's objectives. **Sample size:** A total of 30 individuals were interviewed.

## Depression:

The Centers for Disease Control and Prevention (CDC) Trusted Source estimates that 8.1 percent of American adults ages 20 and over had depression in any given 2-week period from 2013 to 2016. People experience depression in different manners (5).

## Social Stigma:

The effects of stigma on those being stigmatized have been and still are being studied, and it can be said with certainty that the effects are negative (6). A number of interventions have been suggested and implemented (7).

## Research Methodology:

**Study Design:** This was a cross-sectional study that utilized a quantitative research design. **Study Area:** This study was conducted in Taha Basher Teaching Hospital, Khartoum North, Khartoum, Sudan and Eltigani Elmahi Teaching Hospital, Omdurman, Khartoum, Sudan. **Population:** The study population included patients diagnosed with depression of both genders who were admitted to hospice. **Sampling and sample size:** The sample of this study was selected using simple random technique, and the sample size consisted of 30 participants. **Data Collection:** The data was collected conveniently from the patients. The questionnaire includes semi-structured close-ended questions that aligned with the objectives of this research. **Procedure:** The questionnaire was distributed to the patients, After the patients voluntarily filled in the questionnaire form, the researchers collected the responses between October 2019 and September 2020

### Results:

17 (57%) of our participants were female (Table 1). With half of our participants being relatively young (15-25 years of age) (Table 2), we were granted an opportunity to assess stigma in a younger population than many of our colleagues. Nearly 60% (Table 3) of our participants were single.

**Table 1: Gender**

	Frequency	Percentage
<b>Female</b>	17	57%
<b>Male</b>	13	43%
<b>Total</b>	30	100%

**Table 2: Age**

	Frequency	Percentage
<b>(15_25)</b>	15	50%
<b>(26_36)</b>	10	33.33%
<b>(37_47)</b>	4	13.33%
<b>(48_58)</b>	1	3.33%
<b>Total</b>	30	100%

<b>Table 3: Marital Status</b>		
	<b>Frequency</b>	<b>Percentage</b>
<b>Single</b>	17	56.67%
<b>Married</b>	10	33.33%
<b>Separated/divorced</b>	3	10%
<b>Total</b>	30	100%

When asked if they fear how society might interpret them if they were to see a psychiatrist, 53.3% of our participants responded 'yes' (Table 4). Furthermore, when asked if the stigma hindered their personal careers, 70% responded positively. This is a positive finding (Table 5). Unfortunately, though, when asked if seeing a psychiatrist effected their personal lives negatively (their friend groups distancing themselves) (Table 6), 53% of our respondents responded positively.

**Table 4: I have to go to a psychiatrist to treat me for depression; however, I am afraid of how society looks at me**

	<b>Frequency</b>	<b>Percentage</b>
<b>Yes</b>	16	53.33%
<b>No</b>	14	46.67%
<b>Total</b>	30	100%

**Table 5: I stopped studying or working because of the collective stigma caused by depression?**

	<b>Frequency</b>	<b>Percentage</b>
<b>Yes</b>	9	30%
<b>No</b>	21	70%

<b>Total</b>	30	100%
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**Table 6: I feel sad now that I have gone to the psychiatrist, friends have distanced themselves from me.**

	<b>Frequency</b>	<b>Percentage</b>
<b>Yes</b>	16	53
<b>No</b>	14	47
<b>Total</b>	30	100%

### Conclusion:

In conclusion, it was found that those who suffer from depression are stigmatized against socially, but not professionally.

### Recommendations

1. Community awareness began in the family about accepting the depressed patient and how to deal with their condition.
2. Raising awareness of families of the dangers of the adolescence and youth stage of the special care they need, because they are the most vulnerable group to depression.
3. Establishing rehabilitation offices in schools and universities and intensifying the activities of the rehabilitation centers in terms of workshops and educational courses on depression, and how to deal with them.
4. Providing books, references, and scientific periodicals on the social stigma of disease.

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